

Case Number:	CM13-0065678		
Date Assigned:	01/03/2014	Date of Injury:	08/10/2012
Decision Date:	04/15/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old male who reported injury on 08/10/2012. The mechanism of injury was not provided. The patient had a right leg open reduction internal fixation on 08/10/2012. On 02/05/2013 the patient had a hardware removal. The office note dated 10/25/2013 revealed the patient had complaints of right leg pain 6/10 with stiffness. The patient indicated they have occasional numbness and soreness. The knee range of motion indicated the wound was healed and the patient had 90% normal range of motion along with right knee pain with extension and weight bearing. The impression was noted to be tibia and fibula open reduction internal fixation and hardware removal. The diagnosis was noted to be pain in joint. The recommendation was for a hinged knee brace for the right knee and physical therapy to evaluate and treat the right knee and right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DURABLE MEDICAL EQUIPMENT (DME): HINGED KNEE BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346.

Decision rationale: ACOEM Guidelines indicate a brace can be used for patellar instability, and anterior cruciate ligament tears or medial collateral ligament instability, although the benefits may be more emotional than medical. A brace is necessary only if the patient is going to be stressing the knee under load such as climbing ladders or carrying boxes. Clinical documentation submitted for review failed to indicate the patient was going to be stressing the knee under load or climbing ladders or carrying boxes. Additionally, the clinical documentation submitted for review failed to indicate the patient had instability of the knee on physical examination. Given the above, the request for DME hinged knee brace is not medically necessary.