

Case Number:	CM13-0065989		
Date Assigned:	01/03/2014	Date of Injury:	08/26/2009
Decision Date:	06/19/2014	UR Denial Date:	12/03/2013
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 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 49-year-old male with a date of injury on 8/26/09. On 9/30/2013 an office visit noted the following subjective complaints: 7/10 pain in bilateral knees, wrists, hands, shoulders and right elbow. A physical examination of his right knee demonstrated a positive McMurray's with medial pain, 4/5 quad strength, negative anterior and posterior drawer sign, and a range of motion from 0 to 140. Conservative care has included activity modification, pharmacologic therapy, physical therapy, bracing, transcutaneous electric nerve stimulation (TENS), and a cane. A request was made for a right knee brace. On 12/17/13 the patient was seen again by the treating physician (after the original knee brace request). He continued to complain of bilateral knee pain, continued with the home exercise program and was taking tramadol, lidopro cream, and Flexeril. The right knee exam showed a range of motion of 0 to 130, negative anterior and posterior drawer signs, stable varus and valgus stress test at 0 and 30 degrees, 4/5 quad strength, positive McMurray's sign. The diagnoses listed at that time did not include right knee diagnoses. The plan was to continue medications and TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee And Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee And Leg Chapter.

Decision rationale: A knee brace may be required in patients with instability and/or ligament insufficiency. In this case there is no documentation of an unstable right knee. The request is not medically necessary and appropriate.