

Case Number:	CM13-0066190		
Date Assigned:	01/17/2014	Date of Injury:	10/12/2010
Decision Date:	05/20/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational 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 an employee of [REDACTED] and has submitted a claim for chondromalacia patellae, right associated with an industrial injury date of 10/12/2010. Treatment to date has included physical therapy, steroid injections, bracing, and medications including Tylenol, naproxen, Prilosec, Vicodin, and tramadol. A utilization review from 11/21/2013 denied the request for hinged knee brace with patellar tracking purchase. Medical records from 2011 to 2013 were reviewed showing that patient complained of constant right knee pain described as sharp, stabbing, and throbbing. The patient's pain was moderate in severity resulting in activity limitations. The patient reported that both the medications and knee brace resulted in pain relief. Pain was aggravated upon kneeling, squatting, and walking. Associated symptoms include locking, popping, grinding and giving way. The patient was able to ambulate independently. Physical examination showed that patient had good grooming and personal hygiene, as well as normal mood and affect. An MRI of the right knee, dated 08/12/2011, revealed 3.5mm focal chondral defect within the lateral facet of the patella; and patellofemoral chondromalacia. MRI of the left knee, dated 09/25/2013, revealed altered signal of the anterior cruciate ligament suspicious for ACL sprain without gross rupture or retraction; mild edema near the proximal attachment of the medial collateral ligament suggestive of sprain. X-ray of right knee on an unspecified date demonstrated well-preserved joint spaces, good patellofemoral relationship, no loose bodies, no heterotopic calcifications, and no acute fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

HINGED KNEE BRACE WITH PATELLAR TRACKING PURCHASE: 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), Leg Chapter, Knee Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Brace

Decision rationale: ACOEM Guidelines indicate that a brace should be used for patellar instability, ACL tear, or MCL instability. The ODG states that the use of a knee brace can increase confidence, which may indirectly help with the healing process. Patellar taping, and possibly patellar bracing, relieves chronic knee pain. In this case, patient has been complaining of chronic knee pain associated with locking, popping, and giving way. Medical records submitted and reviewed do not include a comprehensive physical examination of the knee that will substantiate the use of a brace. Furthermore, she has been utilizing knee brace with hinges since 05/01/2013, however, there is no evidence of specific functional improvement from its use. In addition, the present request does not specify the laterality requiring knee brace. Therefore, the request for hinged knee brace with patellar tracking purchase is not medically necessary and appropriate.