

Case Number:	CM13-0067321		
Date Assigned:	01/03/2014	Date of Injury:	07/25/2013
Decision Date:	04/22/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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, has a subspecialty in 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 45-year-old male who reported an injury on 07/25/2013. The most recent clinical documentation indicates the patient had knee pain rated as a 6/10, with no change in the patient's symptoms, which were stated as aching, throbbing, and stabbing pain. The patient reportedly had used a TENS unit, which provided relief only during the time it was applied, and the patient reported limited activity due to popping in his knee. Objective findings noted the patient had decreased range of motion in the right knee and had been utilizing anti-inflammatories to treat his injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 KNEE SUPPORT BRACE BETWEEN 11/26/2013 AND 02/03/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338, 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: Regarding the prospective request for 1 knee support brace between 11/26/2013 and 02/03/2014, according to California MTUS at ACOEM, it states that any brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament

instability; although its benefits may be more emotional (for example, increasing the patient's confidence) than medical. Usually a brace is necessary usually only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary, and in all cases, braces need to be properly fitted and combined with a rehabilitation program. In the case of this patient, the clinical documentation does not indicate the patient will be placing the knee in a stressful loading situation, and the documentation states that the patient's knee is stable. As the most recent clinical date is from 08/2013, the patient's current pathology cannot be determined. Therefore, the medical necessity of a knee brace cannot be established.