

Case Number:	CM13-0070653		
Date Assigned:	01/08/2014	Date of Injury:	11/03/2008
Decision Date:	06/05/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation 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 neck, low back, and right knee pain with an industrial injury date of November 3, 2008. The treatment to date has included medications, physical therapy, H-wave therapy, and Synvisc injections to the right knee. The medical records from 2012 through 2013 were reviewed, which showed that the patient complained of right-sided neck pain radiating to the right upper arm. He also complained of low back pain radiating to the right leg. He also had right knee pain, aggravated by walking, bending, and lifting; and alleviated by lying down, medications, and physical therapy. On physical examination, cervical range of motion was within normal limits. On examination of the right knee, there was no joint effusion or limitation of range of motion. Strength was normal on all extremities. The patient was able to ambulate independently with a slightly antalgic gait. An x-ray of the right knee dated 6/11/13 revealed medial and patellofemoral osteoarthritis with severe narrowing of the medial compartment of the knee; lateral tibial subluxation; and possible posterior joint body. The utilization review from November 27, 2013 denied the request for RETRO: hinged knee wrap control dial, purchase because examination findings reported that the right knee was stable.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE HINGED KNEE WRAP AND ADDITIONAL CONTRAL DIAL
(DOS: 10/10/2013): Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter

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

Decision rationale: According to page 340 of the ACOEM Practice Guidelines, a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, and medial collateral ligament (MCL) instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load but for the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. In this case, although imaging findings of patellofemoral osteoarthritis were found, there was no objective evidence of instability. Furthermore, the medical report did not mention whether the patient was involved in activities that subjected the knee under stress, such as climbing ladders or carrying boxes. There was also no documentation regarding active participation in a rehabilitation program during the time of knee brace use. There was no clear indication for knee brace use; therefore, the request for retrospective hinged knee wrap and additional contralateral dial is not medically necessary.