

Case Number:	CM14-0001493		
Date Assigned:	01/22/2014	Date of Injury:	04/21/2006
Decision Date:	06/11/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/06/2014

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 Orthopedic Surgery 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 record notes a 53-year-old individual with a date of injury of April 21, 2006. The mechanism of injury is not disclosed. A diagnosis of left knee pain to rule out meniscus tear is noted. The claimant is status post left knee anterior cruciate ligament (ACL) reconstruction. Hardware removal from the left femur was performed in April 2008. A progress note dated November 22, 2013 indicates that the claimant continues to complain of left knee pain with clicking. Physical examination reveals a grade 1 effusion in joint line tenderness. Pain is present to compression of the knee. An injection was provided and tolerated. Work was continued. A hinged neoprene knee brace was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HINGED NEOPRENE KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Knee brace.

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

Decision rationale: The MTUS/ACOEM guidelines provide "no recommendation" for routine functional bracing for knee disorders. Specifically, the guidelines do not recommend prolonged bracing for ACL deficient knees. In this case, the record provides no recent documentation evidencing instability or any unique circumstances to substantiate the medical necessity of a hinged knee brace in this clinical setting of chronic knee pain. In the absence of such documentation, this request is recommended for non-certification.