

Case Number:	CM14-0006451		
Date Assigned:	01/24/2014	Date of Injury:	02/24/2011
Decision Date:	08/13/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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 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 injured worker is a 54-year-old male who reported an injury on 02/24/2011. The mechanism of injury was a fall. His previous treatments were noted to include right knee surgery, medications, and Synvisc injections. An MRI of the left knee was performed on 12/11/2013 that revealed evidence of tricompartmental osteoarthritic change and an oblique tear of the posterior horn of the medial meniscus. At his 12/03/2013 visit, the injured worker complained of right knee pain rated 7/10 and left knee pain rated 5/10. His physical examination revealed moderate effusion of the right knee, tenderness over the medial and lateral joint line of the right knee, and crepitus of the bilateral knees with motion. He was also noted to have decreased right knee range of motion, a positive patellofemoral grind test bilaterally, and positive valgus stress testing on the right. A request for bilateral knee braces was received. However, a request for authorization form for bilateral knee braces as well as a clinical note indicating the rationale for the request was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL KNEE BRACES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 340.

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

Decision rationale: The requested service is not medically necessary. According to the California MTUS/ACOEM guidelines, bracing can be used for instability but its benefits are noted to be more emotional than medical and bracing is not usually requested unless the injured worker is going to be stressing the knee under a load, such as climbing ladders or carrying boxes. However, the guidelines specify that for the average injured worker, a brace is unnecessary. The clinical information submitted for review indicated that the injured worker did have a positive valgus stress testing on the right knee. However, there was no other documentation indicating significant instability or need for bracing. In addition, there was no evidence of instability on the left knee. Therefore, as bracing is not supported by the guidelines, except in special circumstances, and the documentation failed to provide a significant rationale for the request, the request is not supported. Therefore, the request for bilateral knee braces is not medically necessary.