

Case Number:	CM14-0104755		
Date Assigned:	07/30/2014	Date of Injury:	09/05/2011
Decision Date:	10/08/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/08/2014

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 Internal Medicine, 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 injured worker is a 52-year-old female who reported an injury on 09/05/2011 due to missing a step on a landing, she fell on her left knee. Diagnosis was knee pain. Past treatments were medications, physical therapy, and acupuncture. Diagnostic studies were not reported. Surgical history was left knee meniscus arthroscopic surgery in 07/2012. Physical examination on 05/27/2014 revealed the injured worker reported she started physical therapy after her knee surgery; however, that caused increased pain at the time. The injured worker reported she felt she could return to physical therapy since her pain levels have decreased since that time. There were complaints of right knee pain with weight bearing, too. Examination revealed no assistive devices used for walking. The injured worker was able to sit 15 minutes without any limitations or evidence of pain. The injured worker was encouraged to stay active and engage in home exercise program. The injured worker was prescribed an orthosis for the right knee for the instability and to help improve her function. Medications were Nizatidine, Amlodipine, Cyclobenzaprine, Prozac, Hydrocodone/APAP, and Omeprazole. Treatment plan was for medications, home exercise program, and a left knee brace. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee brace: Upheld

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

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

Decision rationale: The decision for left knee brace is not medically necessary. Activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. Patients with acute ligament tears, strains, or meniscus damage of the knee can often perform only limited squatting and working under load during the first few weeks after return to work. Patients with prepatellar bursitis should avoid kneeling. Patients with any type of knee injury or disorder will find prolonged standing and walking to be difficult, but return to modified-duty work is extremely desirable to maintain activities and prevent debilitation. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Range of motion was not reported in the examination of the left knee. The injured worker did not have patellar instability, ACL tear or MCL instability. Therefore, the request is not medically necessary.