

Case Number:	CM14-0110313		
Date Assigned:	08/01/2014	Date of Injury:	01/20/2010
Decision Date:	12/04/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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 Family Medicine and is licensed to practice in Arizona. 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 with a date of injury on 1/10/2010. Subjective complaints are of increased back pain and increased pain in the right knee and right shoulder. Physical exam shows tenderness at the medial right knee. Diagnoses include bilateral carpal tunnel syndrome, right knee medial meniscus tear, and knee dislocation. Medications include Norco, Soma, and Ibuprofen. The request is for a hinged knee brace for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hinged Knee Brace Purchase L1820: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 6/5/14) Knee Brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) KNEE, KNEE SUPPORTS

Decision rationale: The ACOEM guidelines indicate a knee 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 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. The ODG states there are no high quality studies that support the benefits of knee braces. This patient does not have documented instability on objective exam. Therefore, the medical necessity of a knee brace is not established.