

Case Number:	CM14-0116559		
Date Assigned:	08/04/2014	Date of Injury:	10/24/2012
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/25/2014

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, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania 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:

On October 24, 2012 this worker sustained an injury to the right knee when he fell while going upstairs. An MRI of his right knee on November 5, 2013 was consistent with post-surgical resection of the posterior horn of the medial meniscus, posterior body segment, capsular disruption, irregularity of the medial femoral condyle, medial tibial plateau, mild synovitis, ganglion cyst and reactive changes under the medial collateral ligament (MCL). In addition to surgery he had physical therapy, orthovisc injections and a knee brace. At the primary treating physician visit on June 10, 2014 he was complaining of popping in the right knee with pain, swelling and he stated that his patella brace was worn out. Diagnosis was right knee posterior horn medial meniscal tear, industrial related. Request was made for both an osteoarthritis right knee medial unloading brace and replacement of the patella tracking wraparound brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement Patellar Tracking Wrap-Around Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment index 9th edition, (web) 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Knee Braces.

Decision rationale: The diagnosis included for the consideration of a patellar tracking brace is medial meniscal tear. Patellar bracing could be considered for the relief of chronic knee pain if patella-femoral pain was the diagnosis under consideration as opposed to medial meniscal tear. Even so, patellar taping is preferred over bracing. Therefore the Replacement Patellar Tracking Wrap-Around Brace is not medically necessary.