

Case Number:	CM14-0121463		
Date Assigned:	09/15/2014	Date of Injury:	01/05/2010
Decision Date:	10/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/01/2014

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:

This is a 54 year old male with a 1/5/10 injury date. The mechanism of injury is described as cumulative trauma. In a follow-up on 6/3/14, the patient continues to complain of left knee pain. Objective findings included left knee tight lateral retinaculum, 2+ effusion, diffuse tenderness, range of motion from 0 to 125 degrees, and stable ligaments. Diagnostic impression: left knee osteoarthritis. Treatment to date: medications, physical therapy. A UR decision on 7/7/14 denied the request for post-op knee brace on the basis that the request for the surgical procedure, left knee arthroscopy, was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg Chapter.

Decision rationale: CA MTUS states that 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. 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. ODG states that "prefabricated knee braces may be appropriate for certain indications, such as knee instability, reconstructed ligament, articular defect repair, or tibial plateau fracture." In the present case, the previous medical review indicates that the left knee arthroscopic surgery was denied. There is no documentation of an associated surgical request on the present RFA for the purposes of this review. At this point, the post-op knee brace does not appear to be needed. Therefore, the request for Post-Op Knee Brace is not medically necessary.