

Case Number:	CM14-0124917		
Date Assigned:	08/11/2014	Date of Injury:	05/16/2008
Decision Date:	09/18/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

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 New York, Maryland, and Alabama. 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 female who was injured on who sustained a right knee injury 05/16/2008. The mechanism of injury is unknown. Prior medication history included Vicodin, oxycodone and Valium. Diagnostic studies reviewed include MRI of the right knee dated 07/09/2014 revealed intact anterior cruciate ligament. No cyclops lesion with minimal arthrofibrosis. No ligament tear identified. Longitudinal vertical tear extending to the superior articular surface of the anterior horn of the lateral meniscus. Progress report dated 07/17/2014 indicates the patient reports having back and knee pain with instability causing her falls. She has had arthroscopic procedures done in the past with no benefit. The patient has a diagnosis of healed ACL tear of right knee. Prior utilization review dated 07/29/2014 states the request for M brace with hinges (right knee) (rental or purchase) is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

M brace with hinges (right knee) (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 340, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 356.

Decision rationale: The CA MTUS/ACOEM guidelines recommends that a brace can be used for an ACL tear. The medical records document that patient already has a right ACL brace and based on the guidelines stated above, ordering a new brace, in this case a M brace, has not been proven to be medically superior. In addition, it is not documented in the medical records that patient's previous brace is dysfunctional and needs to be replaced by a new brace. Based on the CA MTUS/ACOEM guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.