

Case Number:	CM14-0125175		
Date Assigned:	08/11/2014	Date of Injury:	05/10/2010
Decision Date:	09/23/2014	UR Denial Date:	07/25/2014
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 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:

The claimant is a 63-year-old gentleman who was injured while working as a truck driver on May 10, 2010. While unloading a mattress, the claimant experienced an acute onset of low back complaints, along with underlying complaints of right foot, right knee, and right shoulder pain. Medical records provided for review specific to the claimant's right knee include the July 10, 2014 request for authorization for a right knee unicompartmental arthroplasty. This review is for the request for a knee brace postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): 340.

Decision rationale: Based on California ACOEM Guidelines, the request for use of a postoperative knee brace would not be indicated. The surgery to be performed is a unicompartmental knee arthroplasty. In the postsurgical setting of an arthroplasty, there is typically no indication for bracing as the knee is not left clinical unstable. Postoperatively,

advancement of weight bearing and strength related activities with use of ambulatory devices is recommended. The ACOEM Guidelines recommend the use of a knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. In light of the fact the claimant will have a stable knee postoperatively and does not have any of the diagnoses recognized by ACOEM. The request for a postoperative knee brace is not medically necessary.