

Case Number:	CM14-0128280		
Date Assigned:	09/16/2014	Date of Injury:	07/03/2006
Decision Date:	11/05/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/11/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 55 year old male with a date of injury of 07/03/2006. The mechanism of injury was lifting. He is diagnosed with bilateral knee sprain. His past treatments included medications. His pertinent diagnostic tests included an MRI of the left knee on 03/22/2010 that showed left knee popliteal fluid collection and grade II signal in the medial and lateral menisci without evidence of a tear. On 06/18/2014, the injured worker stated that he had intermittent left knee pain. No physical examination findings were included. His medication list included Naprosyn. His treatment plan included an unloading brace for the left knee to help stabilize and facilitate mobilization without pain. The Request for Authorization Form was submitted on 07/28/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left knee Medial Unloading knee braces: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Knee Table 2, Summary of recommendations, Knee Disorders](https://www.acoempracguides.org/Knee%20Table%202,%20Summary%20of%20recommendations,%20Knee%20Disorders)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340.

Decision rationale: The request for 1 Left knee medial unloading knee braces is not medically necessary. The California MTUS/ACOEM Guidelines indicate the use of knee braces is usually unnecessary, but may be recommended for patients with patellar instability, ACL tear, or MCL instability when the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. The documentation in the medical record does not provide a rationale for the requested brace from the left knee and the injured worker was not shown to have objective findings of instability or a ligament tear. There was also no documentation showing that he would be stressing the knee to warrant use of a brace. Subsequently, the request for 1 Left knee medial unloading knee braces is not medically necessary.