

Case Number:	CM14-0130512		
Date Assigned:	08/20/2014	Date of Injury:	12/16/2013
Decision Date:	09/23/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/14/2014

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 38-year-old who fell and injured her right knee and head on 12/16/13. Medical records provided for review that pertain to the right knee included the report of an MRI dated 01/10/14 that showed bone marrow edema of the lateral femoral condyle, a normal meniscus and a clinically seated patella. The MRI report documented that the bone marrow changes were suggestive of a previous lateral patellar dislocation. The PR2 report dated 06/26/14 was hand written and described continued right knee, left shoulder and lumbar complaints. Physical examination was documented to show no acute clinical findings. This review is for a right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

RT knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ACOEM Guidelines recommend a knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. While

this claimant's MRI report of January 2014 showed bone marrow changes consistent with a prior dislocation, there is no documentation of objective findings on examination of instability of the patella to require the role of bracing eight months following the time of claimant's MRI scan. Without documentation of clinical findings of instability and Based on California ACOEM Guidelines, the request for a Right Knee Brace is not medically necessary.