

Case Number:	CM14-0144369		
Date Assigned:	09/12/2014	Date of Injury:	04/22/2004
Decision Date:	12/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 65 year old female who was injured on 4/22/2004. She was diagnosed with right patella chondromalacia, osteoarthritis, and right knee internal derangement. She was treated with cortisone injection to the knee, physical therapy, knee brace, and medications. She was also diagnosed with lumbar spine radiculitis and treated with epidural injection and surgery and was also diagnosed with right shoulder rotator cuff tear with joint arthrosis, treated with surgery. She also has a medical history of morbid obesity, for which she was recommended bariatric surgery. On 1/16/14 the worker's primary treating physician recommended (and ordered) a new knee brace, without explanation. On 6/27/14, the worker was seen by her primary treating physician complaining of feeling worse right shoulder and worse right knee pain after physical therapy being denied. There were no specific objective findings listed in the note. Later, a request for a knee brace to be used on the right knee was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rebound ROM knee wrap/SH/2X (right) DOS 6/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Knee Brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340, 346.

Decision rationale: The MTUS ACOEM Guidelines state that knee braces may be used for patellar instability, anterior cruciate ligament tears, or medical collateral ligament instability, although its benefits may be more emotional than medical. Usually the knee brace is only necessary in these cases if the patient is going to be stressing the knee under load, but for the average patient prophylactic knee bracing is not recommended and unnecessary. In all cases, if a brace is used, it must be fitted properly and combined with a rehabilitation program. In the case of this worker, she had been using knee braces for many months leading up to this request for a Rebound ROM knee wrap for the use on her right knee. However, there was no diagnosis or objective physical evidence to suggest she was a candidate for continual use of a knee brace according to the notes provided for review. Also, considering she had a brace that she was using already months prior to the request, there was no explanation as to why a second and newer brace was being requested. Therefore, the Rebound ROM knee wrap will be considered medically unnecessary.