

Case Number:	CM14-0153800		
Date Assigned:	09/23/2014	Date of Injury:	12/04/2002
Decision Date:	12/02/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 female who was injured on December 4, 2002, resulting in a left total knee arthroplasty and revision. Her exam is noted for a brace on the left knee, with a loose thigh section, and ambulation with a walker. There is restriction of flexion with pain on movement and sensation is intact in bilateral lower extremities. The worker's diagnoses include knee osteoarthritis, sacroiliitis, lumbar disk degeneration, lumbar stenosis and lumbosacral spondylosis without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee brace: Upheld

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

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

Decision rationale: Activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. Workers with acute ligament tears, strains, or meniscus damage of the knee can often perform only limited squatting and working under load during the first few weeks after return to work. Workers with prepatellar bursitis should avoid kneeling. Workers

with any type of knee injury or disorder will find prolonged standing and walking to be difficult, but return to modified-duty work is extremely desirable to maintain activities and prevent debilitation. Per American College of Occupational and Environmental Guidelines, a brace can be used for patellar instability, anterior cruciate ligament tear, or medical collateral ligament instability, although its benefits may be more emotional (i.e., increasing the injured worker's confidence) than medical. Usually a brace is necessary only if the injured worker is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average injured worker, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The worker does not meet the criteria of patellar instability, anterior cruciate ligament tear, or medical collateral ligament instability. Therefore the request is not considered medically necessary.