

Case Number:	CM14-0163932		
Date Assigned:	10/08/2014	Date of Injury:	08/16/2003
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 57 year old female with a date of injury of 08/16/2003. She had an office visit on 05/06/2014. Previously, 05/2008, she had a left knee arthroscopic medial meniscectomy and chondroplasty of the media I compartment and the patellofemoral joint. Supartz injection and total knee arthroplasty were discussed. She has moderate left knee pain on prolonged standing and walking. She has been using a double upright brace. She had left knee instability with a lateral thrust on ambulation. Left knee range of motion was 5 - 125 degrees. McMurray sign was negative. She had a varus deformity. A new set of knee x-rays were ordered since it had been years since her previous X-ray. The office note did not mention a request for a brace. There were no other records provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNLOADER BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329-353.

Decision rationale: There is minimal history since the date of injury 08/16/2003 - only one office visit on 05/06/2014. She had a repetitive injury with no documentation of an acute injury more than a decade ago. She had a brace and the request was for a different uploader knee brace. MTUS, ACOEM Chapter 13 Knee Complaints notes that for some acute meniscus tear injuries an immobilizer for the knee might be medically necessary. There was no documentation of an acute knee injury in 2014. Her last X-rays of the left knee were in 2007. ACOEM criteria does not provide for a knee brace for this clinical documentation. In the only office note provided for review, there was no mention of a left knee brace being medically necessary or requested. There is insufficient documentation to substantiate the medical necessity of the requested knee brace. The request is not medically necessary.