

Case Number:	CM14-0169608		
Date Assigned:	10/17/2014	Date of Injury:	03/19/2007
Decision Date:	11/20/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family Medicine, and is licensed to practice in New Jersey and 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 58 year-old female who was injured on 3/19/07. She slipped and fell, spraining both ankles. She complained of pain in multiple areas: neck, upper/mid back, right shoulder, right hand, low back, right hip, both knees, feet, and ankles. The patient reported right left localized knee pain that increased while walking on uneven ground. On exam, she had normal range of motion of the knee with no elicited pain and some tenderness over the anterior knee. She had negative provocative testing. An x-ray of both knees showed moderate degenerative joint disease. She was diagnosed with status post feet neuroma excision from both feet, cervical and lumbar spine strain, lumbar stenosis, right shoulder impingement, bilateral ankle sprain, bilateral knee arthralgia/plantar fasciitis. She was treated with anti-inflammatories and muscle relaxants as well as physical therapy. Her knee brace was worn out and needed replacement for "compression and stability."

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee neoprene brace: Upheld

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

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

Decision rationale: As per the MTUS guidelines, "a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The patient does not suffer from any of the conditions stated above and would not be undergoing any strenuous activities that would require a brace. Her diagnosis for her knee is listed as knee arthralgia but there is no documentation of tears or instability of the knee. Therefore, the request is considered not medically necessary.