

Case Number:	CM14-0183185		
Date Assigned:	11/07/2014	Date of Injury:	03/19/2007
Decision Date:	12/18/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 58-year-old female who reported an injury on 03/30/2007. The mechanism of injury was unspecified. Her diagnoses include bilateral knee arthralgia and right knee tenosynovitis. The diagnostic studies included x-rays of the right and left knees on an unspecified date that revealed evidence of moderate degenerative joint disease. Relevant surgical history was not provided. On 09/26/2014, the injured worker reported bilateral foot pain that was increased with activity and home exercises, as well as decreased low back pain with acupuncture. The objective findings included postoperative changes to the bilateral feet seen on prior ultrasound, tenderness to palpation of the 2nd and 3rd web space and plantar fascia, and a slow guarded gait. Current medications were not provided. The treatment plan was noted to include continuation of home exercises, bracing, and previously prescribed medications. A request was received for a left knee neoprene brace to provide compression to decrease pain, increase stability and replace an older brace. A Request for Authorization Form was submitted for review on 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L knee Neoprene 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): 346.

Decision rationale: The California MTUS/ACOEM Guidelines recommend a knee brace for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Additionally, a brace is recommended only if the patient is going to stress the knee under load, such as climbing ladders or carrying boxes. However, the guidelines state a brace is not indicated for brace for the average patient. Furthermore, the guidelines recommend that braces are properly fitted and combined with a rehabilitation program. The documentation submitted for review indicated that the injured worker was being treated for a right knee condition with residual functional deficits. However, there was insufficient documentation of a left knee diagnosis of patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability as well as recent objective functional deficits. Additionally, there was insufficient documentation to show the injured worker performed daily activities of living that include stressing of the left knee under load. Furthermore, there was insufficient documentation of a functional restoration program that would be implemented in conjunction to wearing the brace. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for L knee Neoprene brace is not medically necessary.