

Case Number:	CM14-0034242		
Date Assigned:	06/20/2014	Date of Injury:	05/08/2012
Decision Date:	07/24/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 65-year-old male who injured his right knee on 5/18/2012, from heavy lifting during the course of his employment as a food runner. The patient did not return to work. According to the documentation, the patient was initially diagnosed with right knee strain, non-displaced subcortical fracture, right knee medial femoral condyle. The right knee improved significantly with conservative care. A prior UR determination was performed on 3/5/2014, wherein recommendation was made to non-certify the requested right knee brace. The brace is a generic support brace with no special structural components. The patient had not sustained any new trauma, any trauma or new injury, he had ongoing pain. There was clear indication for bracing, nearly 2 years post injury. According to the Agreed Medical Examination report dated 8/13/2013, following his injury, the patient was diagnosed with knee strain with effusion, and provided a knee brace, advised to use ice and Motrin, and prescribed modified work. According to the medical report dated 1/27/2014 the patient was seen for consultation regarding his abdominal and right knee injury. His pain, rated 8/10, occurs occasionally and does not travel. Symptoms are aggravated by activities such as climbing stairs, pushing, standing and walking. Symptoms are alleviated with ice, massage, and rest. Physical examination of the right knee reveals full range of motion, tenderness over the medial joint line, positive McMurray's, no laxity with varus or valgus stress testing. Radiographs of the knee reported to show narrowing within the medial tibiofemoral joint space and no obvious fractures or dislocations noted. The assessment is 1. Right knee strain, probable meniscal tear, 2. Abdominal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME M-BRACE FOR RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 240.

Decision rationale: According to the CA MTUS/ACOEM guidelines, a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) 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, which is not the case of this patient. The medical records do not document clinical findings that indicate instability of the knee. Additionally, the patient does not meet any of the criteria provided by the Official Disability Guidelines for which a knee brace may be recommended for. The guidelines state that for the average patient, using a brace is usually unnecessary. The request is not medically necessary.