

Case Number:	CM14-0038675		
Date Assigned:	06/27/2014	Date of Injury:	05/26/2011
Decision Date:	08/20/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 Interventional Spine 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 43 year old with an injury date on 5/26/11. Patient complains of increasing pain in the right knee, with painful popping per 10/1/13 report. Patient also has episodes of buckling, and has difficulty with standing and walking per 10/1/13 report. Patient states current medications (Gabapentin, Norco) are working well with no side effects per 10/1/13 report. Based on the 10/1/13 progress report provided by [REDACTED] the diagnosis is knee pain. Exam on 10/1/13 showed patient is mildly obese. Patient has right sided antalgic gait, and has an awkward and slowed gait. Right knee: range of motion is restriction with flexion limited to 95 degrees lied by pain and extension limited to 0-10 degrees limited by pain. Tenderness to palpation is noted over the lateral joint line and popliteal fossa. No joint effusion noted. Ballotable patella sign is negative. Wadell's signs are negative. [REDACTED] is requesting 1 right knee hinged brace. The utilization review determination being challenged is dated 3/24/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/19/13 to 11/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Hinged knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation ODG guidelines, knee chapter online for knee braces(<http://www.odg-twc.com/odgtwc/knee.htm#Kneebrace>).

Decision rationale: This patient presents with right knee pain. The treating physician has asked for one right knee hinged brace on 10/1/13. An magnetic resonance imaging (MRI) dated 3/29/07 did show tears of peroneus tendons and peroneus brevis per 10/31/13 report. American College of Occupational Medicine (ACOEM) recommends knee brace 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. Official Disability Guidelines (ODG) guidelines allow knee bracing for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. In this case, the patient has peroneus tendon tear which is not a knee tendon. The treater does not provide any diagnosis that would warrant a knee bracing either by ACOEM or ODG guidelines. Treatment is not medically necessary and appropriate.