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| Case Number: | CM14-0049466 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 07/16/2013 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 03/26/2014 |
| Priority: | Standard | Application Received: | 04/17/2014 |

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 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:

This is a 50 year old female who reported an industrial injury to the right knee on 7/16/2013, fourteen (14) months ago, attributed to the performance of her job tasks reported a slip and fall on the sidewalk and falling onto her right knee. The patient was diagnosed with a right knee medial meniscus tear. The patient was treated with a corticosteroid injection to the right knee for osteoarthritis. The MRI of the right knee documented evidence of complex tear posterior horn and body of the medial meniscus with vertical component through the root attachment, extensive globular component within the posterior horn and a small non displaced flap component; mild partial tears/sprain of the interposition ligament and the medial collateral ligament. The initial orthopedic evaluation of the right knee documented: mild antalgic gait; range of motion is; painful patellofemoral range of motion; crepitus positive; no patellar instability; positive McMurray testing with medial pain; negative Lachman; negative anterior drawer; negative poster drawer; stable to varus and valgus stress at and 30 5/5 quadriceps and hamstring strength. The diagnosis was right knee medial meniscus tear and right knee mild degenerative joint disease. The treatment planning clouded a corticosteroid injection to the right knee and a hinged knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged Knee Brace, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter--knee brace.

Decision rationale: The provider has not demonstrated the medical necessity of a hinged knee brace to the right knee with no documented objective findings consistent with knee instability. The initial orthopedic examination documented no objective finding on examination and documented no instability to the knee. The patient is noted to have no instability on examination. There is no demonstrated instability to the knee that would require bracing. There is no demonstrated medical necessity for the prescribed knee brace and no supporting objective evidence documented by the requesting physician to demonstrate medical necessity or to override the recommendations of evidence based guidelines. The clinical documentation provided does not provide a rationale to support the medical necessity of the prescribed knee brace for the effects of the industrial injury. The prescribed right knee brace for subjective pain complaints is not demonstrated to be medically necessary when there is no swelling or demonstrated instability with full range of motion in extension and reported decreased flexion. The criteria recommended by the CA MTUS are not documented in the medical record to support the medical necessity of the requested hinged knee brace. The objective findings documented do not meet the criteria established or recommended by the CA MTUS. The objective findings documented were not documented and were inconsistent with instability as no laxity was demonstrated.