

Case Number:	CM14-0049938		
Date Assigned:	09/12/2014	Date of Injury:	08/13/2003
Decision Date:	10/22/2014	UR Denial Date:	04/05/2014
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 Occupational 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 52 year-old male with date of injury 08/13/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/26/2014, lists subjective complaints as low back pain left hip and left knee pain. Patient was undergoing a TENS trial at the time of examination and reported decreased pain. Status post left knee surgery x2 (year was not documented). Objective findings: Examination of the left knee revealed tenderness to palpation of the medial and lateral joint lines. Range of motion was limited in extension and adduction secondary to pain. Weakness and decreased sensation were noted in the lower left extremity. Patient ambulates with more weight on the lower right extremity. Diagnosis: 1. Sprain/strain of cruciate ligament of left knee; 2. Lumbar strain/sprain; 3. Meniscal tear, left knee; 4. Bursitis, Trochanteric.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom knee braces for right and left knees: Upheld

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

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

Decision rationale: The MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial 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. For the average patient, using a brace is usually unnecessary. This patient is diagnosed with a sprained cruciate ligament and meniscal tear. There is no documentation of instability. Such as, custom knee braces for right and left knees is not medically necessary.