

Case Number:	CM14-0051604		
Date Assigned:	07/07/2014	Date of Injury:	01/09/2014
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/19/2014

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 and is licensed to practice in Nevada. 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 records presented for review, indicate that this 47-year-old male was reportedly injured on 1/9/2014. The mechanism of injury was noted as a fall. The most recent progress note, dated 3/3/2014, indicated that there were ongoing complaints of left knee and low back pains. The physical examination demonstrated left knee positive tenderness of the lateral joint line with limited range of motion. Lumbar spine had positive tenderness of the thoracic/lumbar spine and paravertebral muscles with normal range of motion. There was also negative straight leg raise. Diagnostic imaging studies included an MRI of the left knee on 2/28/2014, which revealed a medial meniscus tear. Previous treatment included medication and conservative treatment. A request was made for short runner knee brace and was not certified in the pre-authorization process on 4/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Short runner knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: According to ACOEM Guidelines, a 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. After a review of the medical records provided, the injured worker has no ligament instability on physical exam. Therefore, this request is deemed not medically necessary.