

Case Number:	CM14-0051617		
Date Assigned:	07/07/2014	Date of Injury:	08/21/2013
Decision Date:	08/13/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 31 year old male injured worker reported an injury to his right knee on 08/21/13 as a result of a trip and fall. He was diagnosed with a right knee sprain. The previous utilization review dated 03/20/14 resulted in a denial for right knee surgical intervention and hinged knee brace. The clinical note dated 03/12/14 indicates the injured worker complained of 6-7/10 pain and daily living limitations to include issues with cooking, cleaning, squatting, bending, and kneeling. The injured worker was identified as having a mildly antalgic gait. Upon exam, the injured worker was able to demonstrate 0 to 130 degrees of range of motion at the right knee. A positive McMurray's test was identified at the medial joint line. Minimal strength deficits were identified at the quadriceps. The note indicates the injured worker having undergone an MRI of the right knee which revealed a 50% loss of the articular cartilage. A 12 x 7 millimeter lesion was also identified. The clinical note dated 02/06/14 indicates the injured worker was able to demonstrate 0 to 120 degrees of range of motion at the right knee. The MRI of the right knee dated 12/18/13 revealed an osteochondral injury at the medial femoral condyle. A 50% loss of articular cartilage was identified. The consultation note dated 01/13/14 indicates the injured worker having initiated physical therapy; however, therapy increased the pain levels and subsequently the therapy was discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Wrap-Around Hinged Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee brace.

Decision rationale: The request for a right wrap around hinged knee brace for the knee is not medically necessary. The documentation indicates the injured worker is complaining of right knee pain with associated functional deficits. A custom fabricated knee brace is indicated for injured workers who have undergone a repaired knee compartment, have been determined to have severe instability, abnormal limb contour, significant skin changes, and confirmation of severe osteoarthritis. The injured worker has ongoing complaints of knee pain however; no significant findings were identified in the clinical notes to support the need for a custom fabricated knee brace. Given these factors, the request is not medically necessary.