

Case Number:	CM14-0056800		
Date Assigned:	07/09/2014	Date of Injury:	05/03/2001
Decision Date:	12/03/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 56-year-old woman who sustained a work related injury on May 3, 2001. Subsequently, she developed a chronic right knee pain. The patient underwent a laparoscopic cholecystectomy on April of 2014. MRI of the right knee performed on January 10, 2014 showed radial tear of mid portion of medial meniscus with oblique tear of posterior horn of lateral meniscus extended to the intra-articular surface. Tricompartmental osteoarthritic changes were noted as well. According to the progress report dated January 29, 2014, the patient complained of chronic pain in her right knee. The pain was residual. On physical examination, discomfort with pain was noted on flexion and extension of the right knee against the gravity. Medial and lateral joint line tenderness was noted. The patient was diagnosed with knee tend/burs. The provider requested authorization for a right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Brace (for purchase): 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 (ODG) Knee & Leg (updated 03/31/14), Knee brace

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints Page(s): 346.

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, a knee brace is recommended for a short period of immobilization after an acute injury to relieve symptoms. It should be prescribed as a part of a rehabilitation program. There is no documentation of acute injury or a rehabilitation program for this patient. Therefore, the prescription of right knee brace is not medically necessary.