

Case Number:	CM14-0064334		
Date Assigned:	08/08/2014	Date of Injury:	11/15/2001
Decision Date:	09/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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 Practice and is licensed to practice in Arizona. 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 61-year old female injured 11/15/2001. This is apparently one of three different injuries sustained. She sustained injury to the left shoulder, left knee and lower back; though the mechanism of injury is unclear for all injuries. Her records describe one incident when she stood up and her back locked and then she had a spell of vertigo, injuries occurred subsequent to this episode. Initial injury to the right knee is documented as occurring on walking to her vehicle when her leg 'gave out'. Arthroscopy was performed on the right knee in 2002 after ongoing pain and this followed by physical therapy. Records show she had another right knee arthroscopy on 11/27/2012 with medial and lateral meniscectomy and resection loose body. Complaints of popping catching left knee and left shoulder pains are also noted. Osteoarthritis of the right knee is documented in her records and a slight valgus knee deformity. She is noted to be using an ill-fitting brace on her right knee on 7/02/2014 and to have some limp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Off-Loading Brace: Upheld

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

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

Decision rationale: As described in the above guideline knee braces can be of some help inpatients with acute knee injuries especially if patella instability, anterior cruciate ligament or medial collateral ligament instability is present. A brace is thought to be necessary only if the patient is going to be stressing the knee under load, such as climbing steps or carrying boxes. Even at this, their help is thought to be mainly emotional. The injury here is chronic; she has had knee surgery for meniscal tear. There is no documentation of knee instability; therefore, Right Knee off-Loading Brace is not medically necessary.