

Case Number:	CM14-0073043		
Date Assigned:	06/30/2014	Date of Injury:	08/10/2011
Decision Date:	08/07/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 worker is a 44 year old female who was injured on 8/10/11 after falling. She was diagnosed with left knee strain/sprain, right wrist strain/sprain, right medial/lateral epicondylitis, and was treated with physical therapy and medications. Although she was able to return to work, she, however, continued to experience headaches, left knee pain, right wrist and elbow pain, and left ankle pain. She underwent left knee arthroscopy/surgery on 11/8/11, and again on 4/12/12. MRI of left knee on 9/16/11 revealed a small medial meniscus tear. She later experienced instability, popping, and cracking in her left knee and was diagnosed with internal derangement of her left knee. She was treated with acupuncture along with continued medical therapy. Physical therapy was attempted again in 2012 and 2013. MRI of the left knee on 5/20/13 revealed no meniscal or ligamentous abnormalities. She also was treated with steroid injections to the left pes anserine bursa and infra-patellar bursa (left knee). She had also been using topical analgesics besides her oral medications. On 1/16/14, the worker was seen by her pain specialist. Examination was significant for left knee effusion, crepitus, tenderness over medial patella of the left knee and with active extension of the left knee, positive McMurray's sign left knee, tenderness over medial joint line of the left knee, but negative Lachman, anterior drawer, posterior drawer, and collateral ligament laxity tests bilaterally. She was diagnosed with pes anserine bursitis and left knee sprain, and recommended a knee brace as well as continuation of Norco, topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee medical unloading 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, Knee and Leg: Unloader Braces for the knee study.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340, 346.

Decision rationale: The MTUS ACOEM Guidelines state that knee braces may be used for patellar instability, anterior cruciate ligament tears, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually the knee brace is only necessary in these cases if the patient is going to be stressing the knee under load, but for the average patient prophylactic knee bracing is not recommended and unnecessary. In all cases, if a brace is used, it must be fitted properly and combined with a rehabilitation program. In the case of this worker, there is no evidence of any of the above injuries that might justify a knee brace. She was most recently diagnosed with pes anserine bursitis and strain of the left knee with no evidence of meniscal or ligament damage on the most recent MRI. Also, there is no evidence of a plan for a continuation of rehabilitation. Therefore, the knee brace is not medically necessary.