

Case Number:	CM14-0076433		
Date Assigned:	08/08/2014	Date of Injury:	12/04/2013
Decision Date:	09/11/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 Preventive Medicine and 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:

According to the records made available for review, this is a 55-year-old female with a 12/4/13 date of injury. At the time (4/29/14) of request for authorization for long hinged rehabilitation brace, there is documentation of subjective (right knee pain with instability, giving way, and catching) and objective (tenderness to palpation over the medial joint line of the right knee, positive McMurray's test, and patellofemoral crepitus with effusion) findings, current diagnoses (right knee medial and lateral meniscus tears with patellofemoral chondromalacia), and treatment to date (physical therapy, NSAIDs, injections, and bracing). In addition, medical report identifies a request for right knee arthroscopy, medial meniscectomy, chondroplasty, medial plication, and lateral release; along with a long hinged rehabilitation brace to protect the knee, reduce swelling, and control range of motion for post-operative care. Furthermore, medical reports identify non-certification of a request for right knee arthroscopy, medial meniscectomy, chondroplasty, medial plication, and lateral release. There was no documentation of a condition/diagnosis for which a knee brace is indicated (meniscal cartilage repair).

IMR ISSUES, DECISIONS AND RATIONALES

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

Long hinded rehabilitation 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee braces.

Decision rationale: The MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. Official Disability Guidelines identifies documentation of a condition/diagnosis for which a knee brace is indicated (such as: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed TKA, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture), as criteria necessary to support the medical necessity of a knee brace. Within the medical information available for review, there is documentation of diagnoses of right knee medial and lateral meniscus tears with patellofemoral chondromalacia. In addition, there was documentation of a request for right knee arthroscopy, medial meniscectomy, chondroplasty, medial placentation, and lateral release; along with a long hinged rehabilitation brace to protect the knee, reduce swelling, and control range of motion for post-operative care. However, given non-certification of the request for right knee surgery, there is no documentation of a condition/diagnosis for which a knee brace is indicated (meniscal cartilage repair). Therefore, based on guidelines and a review of the evidence, the request for long hinged rehabilitation brace is not medically necessary.