

Case Number:	CM14-0080930		
Date Assigned:	07/18/2014	Date of Injury:	11/12/2013
Decision Date:	08/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 39-year-old male who reported a slip and fall on 11/12/2013. An MRI of the right knee on 12/18/2013 revealed a degenerative tear of the anterior horn of the lateral meniscus with an additional thin oblique tear within the posterior horn of the lateral meniscus extending to the inferior articular surface. On 04/02/2014, he underwent a chondroplasty of the lateral tibial plateau and of the lateral femoral condyle. In the 05/12/2014 progress note, the treatment plan included a new hinged knee support for the right knee. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

New Hinged Right Knee Support: 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 & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340..

Decision rationale: The request for New Hinged Right Knee Support is non-certified. The California ACOEM Guidelines recommend that patients with any type of knee injury or disorder will find prolonged standing and walking to be difficult, but return to modified duty work is

extremely desirable to maintain activities and prevent debilitation. A brace can be used for patellar instability, anterior cruciate ligament tear, medial collateral ligament instability, although its benefits may be more emotional by increasing the patient's confidence than medically necessary. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using the brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with rehabilitation programs. There was no documentation in this worker's chart of patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. Treatment plan included a request for additional physical therapy, but there was no documentation of this worker having participated in the physical therapy program. Additionally, the request does not specify whether the brace was to be a custom brace or a prefabricated brace. The clinical information submitted fails to meet the evidence based guidelines for a knee brace. Therefore, this request for New Hinged Right Knee Support is not medically necessary.