

Case Number:	CM14-0086138		
Date Assigned:	07/23/2014	Date of Injury:	09/19/2006
Decision Date:	09/18/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 38 year old female with a 9/19/06 date of injury. She hit her left knee on a seat belt metal bracket as she was getting out of the company van. In a progress report dated 5/14/14, the patient complains of left knee popping, cramping, and throbbing. Objective exam findings include minimal swelling, tenderness to palpation over the medial joint line, 10 degrees of valgus bilaterally, and noticeable patellofemoral tracking problems left knee. Diagnostic impression: left knee patellofemoral syndrome, left knee chondromalacia. Treatment to date: physical therapy, knee support, modified duty, medication management (flector patches, Soma, Norco, Ibuprofen, Gapapentin, lidoderm patches).

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Open Patella Knee Brace: Overturned

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg Chapter.

Decision rationale: CA MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional than medical. 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 a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG states that prefabricated knee braces may be appropriate for certain indications, such as knee instability, reconstructed ligament, articular defect repair, or tibial plateau fracture. In the present case, the previous UR denial was based on the assumption that the request was for a custom-fitted brace. In fact, an open patella knee brace is a very common off-the-shelf prefabricated brace. CA MTUS states that it can be useful for patellar instability, and should be part of first-line conservative care for patellar instability. There is enough evidence in the physical exam to support the diagnosis of patellofemoral syndrome with patellar instability. Therefore, the request for DME open patella knee brace is medically necessary.