

Case Number:	CM14-0089424		
Date Assigned:	07/23/2014	Date of Injury:	01/15/2013
Decision Date:	09/19/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 Emergency Medicine and is licensed to practice in Florida. 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 patient is a 36 year-old with a date of injury of 01/15/13. The latest and most proximate progress report to the request for services that was presented, dated 04/22/14, noted the patient was working full duty without pain or discomfort. Objective findings included no tenderness to palpation and full range of motion. No instability was mentioned. Diagnoses included (paraphrased) internal derangement of the knee. Treatment had included a meniscectomy on 08/13/13 and physical therapy. A Utilization Review determination was rendered on 05/28/14 recommending non-certification of "Ko elastic with joints".

IMR ISSUES, DECISIONS AND RATIONALES

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

Ko elastic with joints: 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, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee Brace.

Decision rationale: A Ko elastic with joints is a prefabricated brace that is bent, molded or otherwise customized to fit a specific patient. The Medical Treatment Utilization Schedule

(MTUS) states that prophylactic or prolonged bracing of the knee is not recommended. They note that a brace can be used for patellar instability, an anterior cruciate ligament (ACL) tear, or medial collateral ligament instability, though its benefit may be more emotional than medical. The Official Disability Guidelines (ODG) state that prefabricated knee braces are recommended under certain conditions. They further note: "In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load." In this case, the criteria for a brace are not met. Instability was not documented nor a concurrent rehabilitation program. Therefore, the record does not document the medical necessity for a Ko elastic brace with joints.