

Case Number:	CM14-0090025		
Date Assigned:	09/10/2014	Date of Injury:	06/13/2002
Decision Date:	10/03/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/14/2014

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 64 year old male who was injured on 6/13/2002. He was diagnosed with knee joint pain. He was treated with medications and injections. MRI of the right knee from 12/31/13 showed osteoarthritis, ACL degeneration with ganglion cysts, patellar cartilage disease, and a small popliteal cyst. On 5/1/14, the worker was seen by his primary treating physician's assistant for a follow-up complaining of bilateral knee pain rated at 6/10 for his left knee and 8/10 for his right knee, on the pain scale. He had prior to this appointment been authorized for a total right knee replacement, but had not yet undergone surgery. He explained that his left knee pain was due to compensation for his right knee pain. The worker then requested a knee brace and an orthopedic consult for his left knee. He had already been using a brace for his right knee as well as Soma, Piroxicam, and Norco for his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee brace- for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340, 346-347.

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 was very limited information about the left knee injury. No evidence of any imaging or solid diagnosis was found in the progress note provided to help describe his left knee besides him compensating with his walking to prevent pain in his right knee. Without one of the diagnoses above given to the patient based on physical examination and/or imaging, there does not seem to be a medically necessity for a left knee brace. Also, with surgery approaching for his right knee, this further reduces the need for a purchase of a left knee brace for temporary relief. The request for Left knee brace- for purchase is not medically necessary.