MAXIMUS Federal Services

Case Number:	CM13-0039022		
Date Assigned:	12/18/2013	Date of Injury:	11/25/2008
Decision Date:	03/10/2015	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/03/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old who suffered an unknown work related injury on 11/22/08. Per the physician notes from 01/21/13 he complains of left knee pain that is worsening. The treatment plan included Gabapentin/Ketoprofen/Lidocaine cream. There is no mention of left knee brace. The notes are sparse and only partially legible. The requested treatment is a left knee brace. The left knee brace was denied by the Claims Administrator on 09.11.13 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation knee & leg chapter, knee brace

Decision rationale: The patient presents with thoracic spine, lumbar spine, and left knee pain. The request is for a LEFT KNEE BRACE. An MRI of the left knee revealed that the patient had

a medial meniscal tear of the left knee with some underlying synovitis. The date of his MRI is not provided. The report with the request is not provided. ACOEM Guidelines page 340 states, "A 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." The ODG Guidelines under the knee chapter does recommend knee brace for the following conditions, "Knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture."Review of the reports does not indicate the patient has had a recent surgery. The reason for the request is not provided. The patient has been diagnosed with a medial meniscal tear. Given that the patient has not been diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, medial collateral ligament (MCL) instability, knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture, the requested left knee brace IS NOT medically necessary.