

Case Number:	CM14-0113410		
Date Assigned:	08/01/2014	Date of Injury:	09/11/2011
Decision Date:	02/25/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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. 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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 49-year-old female who reported an injury on 09/11/2011. The mechanism of injury was while preventing a fall off a ladder, the injured worker struck her knee and ankle against the ladder. Her diagnoses were noted to include bilateral carpal tunnel syndrome, contusion, right ankle, traumatic chondromalacia of the patellofemoral joint of the right knee, and lumbosacral pain. Her past treatments were noted to include stretching and exercising. Her diagnostic studies were not provided. Her surgical history was noted to include bilateral carpal tunnel release. During the assessment on 02/26/2014, the injured worker complained of pain in her right ankle, right knee, right wrist, left wrist, and low back. She indicated that her low back symptoms had significantly improved. She indicated that the pain in her wrists, right ankle, and right knee was constant with extensive walking, bending, and grabbing. She also indicated there was some stiffness in her right knee. The physical examination revealed normal range of motion in the right knee. There was a negative McMurray's test, Lachman's test, and no varus or valgus instability bilaterally. There was a mildly positive patellar apprehension test on the right side only. It was noted that the injured worker was only taking medication for high cholesterol. The treatment plan and rationale were not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Right Patella Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic MRI's.

Decision rationale: The request for right patella knee brace is not medically necessary. The Official Disability Guidelines recommend valgus knee braces for knee osteoarthritis. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some injured workers a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the injured worker is going to be stressing the knee under load. The clinical documentation did not indicate the injured worker was diagnosed with osteoarthritis of the knee. There was no indication that the injured worker was going to use the knee brace for patellar instability, ACL tear, or MCL instability. There was no indication that the brace was going to be used in conjunction with a rehabilitation program. The rationale for the right patella knee brace was not provided. Given the above, the request is not medically necessary.