

Case Number:	CM14-0171967		
Date Assigned:	10/23/2014	Date of Injury:	04/14/2012
Decision Date:	01/20/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 California. 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 63years male patient who sustained an injury on 4/14/2012. The mechanism of the injury was not specified in the records provided. The current diagnoses include sprain carpometacarpal joints, both thumbs, left ankle sprain, left knee medial meniscal tear and status post left knee arthroscopic surgery. Per the doctor's note dated 9/22/14, he had complaints of left knee pain at 3/10 with tingling, numbness and swelling; left thumb pain at 2/10. The physical examination revealed moderate varus deformity of left knee, tenderness of medial left knee, effusion, left knee range of motion- extension 0 and flexion 135 degrees. The medications list includes motrin, prilosec and tylenol#3. Prior diagnostic study reports were not specified in the records provided. He had undergone left knee arthroscopic surgery. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom knee brace, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the ACOEM guidelines cited below "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 (i.e., increasing the patient's confidence) 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." Any evidence for the need of stressing the knee under load such as climbing ladders or carrying boxes is not specified in the records provided. Significant consistent evidence of patellar instability or an anterior cruciate ligament (ACL) tear, is not specified in the records provided. Response to conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of Custom knee brace, left knee is not established for this patient at this time.