

Case Number:	CM14-0180588		
Date Assigned:	11/05/2014	Date of Injury:	09/10/2009
Decision Date:	01/16/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal 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:

The injured worker (IW) is a 50-year-old man with a date of injury of September 10, 2009. The mechanism of injury occurred when the IW was re-stacking boxes onto a pallet. His co-worker was operating a forklift clamp and accidentally struck the IW in his back with the clamp blade. He felt forward and struck his chest and knees on the edge of the boxes. He felt immediate pain in his neck, right shoulder, back and knees. Current diagnoses are cervical disc protrusion; cervical degenerative disc disease; and right upper extremity paresthesias. Pursuant to the progress report dated September 10, 2014, the IW complains of cervical spine pain, headaches, bilateral knee pain, lumbar spine pain, right elbow and right shoulder pain, thoracic pain, right wrist and hand pain. The IW reports that he has constant moderate to severe pain to the bilateral knees that he described as sharp. The pain was made worse by kneeling. He has reported weakness to the area. MRI of the left knee dated April 2, 2014 revealed no meniscus tear with small effusion and a mild lateral patellar tilt. Physical exam of the knees revealed +3 spasms and tenderness to bilateral anterior joint lines. Drawer test and McMurray's tests were positive bilaterally. There was decreased range of motion to the bilateral knees. The current request is for bilateral knee braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340, 34-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340, 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, Knee Braces

Decision rationale: Pursuant to the American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines, bilateral knee braces are not medically necessary. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, anterior cruciate ligament (ACL) tear Medial Collateral Ligament (MCL) instability, but in some cases 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 rehabilitation program and are necessary only if the patient is going to be stressing the need under load. The criteria for the use of knee braces are enumerated in the official disability guidelines, the guidelines for the state that a short period of immobilization after an acute injury to relieve symptoms is recommended. In this case, the injured worker had a magnetic resonance imaging (MRI) of the left knee on April 2, 2014. The MRI showed no meniscal tear with a small joint effusion and mild patellar tilt. The documentation does not indicate the injured worker work would be stressing his knees under load such as carrying ladders, climbing or squatting. Additionally, there was no documentation to support an ongoing rehabilitation program to the knees for the braces to be used concurrently. Consequently, bilateral knee braces are not medically necessary.