

Case Number:	CM14-0186534		
Date Assigned:	11/17/2014	Date of Injury:	08/14/2001
Decision Date:	01/05/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational 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:

Injured worker is a male with date of injury 8/14/2001. Per primary treating physician's comprehensive orthopedic evaluation and request for authorization, the injured worker complains of left knee pain rated as 6-7/10 in severity. He presents utilizing a non-hinged knee brace over the left knee. He reports that he is experiencing some instability over the left knee while ambulating. X-rays taken on 8/19/2014 in the AP, PA and lateral perspectives show significant joint space narrowing over the medial tibiofemoral compartment. There appear to be some sclerotic changes as well spur formation in this joint space. Examination of the left knee reveals several well-healed surgical scars present over the anterolateral aspect of the knee. There are no obvious scars, deformities, atrophy or edema observed. Left knee range of motion is active extension to 0 degrees and active flexion of 120 degrees with endpoint pain over the medial aspect of the left knee. Anterior and posterior drawer tests and McMurray's test are negative. Strength is 4/5 in the left lower extremity with knee flexion and extension. There is a little medial collateral laxity. There is mild tenderness to palpation over the medial patellofemoral joint space. There was gross crepitus observed upon palpation of the left knee as it was passively flexed and extended. Diagnoses include; 1) status post left knee arthroscopy 1/9/2002; 2) left knee internal derangement clinically; 3) left knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged Knee Brace (Left): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Knee & Leg (acute & chronic)

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

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional 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. The requesting physician explains that the injured worker has a subjective complaint of instability over the left knee and there appears to be some crepitus and potential joint space narrowing clinically. The injured worker has work restrictions of no climbing or walking on uneven ground, squatting, kneeling, crouching, crawling, pivoting or other activities involving comparable physical factors. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for a Hinged Knee Brace (Left) is not be medically necessary.