

Case Number:	CM14-0203230		
Date Assigned:	12/15/2014	Date of Injury:	09/16/2013
Decision Date:	02/04/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/04/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/06/13 when she fell on her right knee. Treatments included physical therapy, acupuncture, and medications. An MRI of the right knee in October 2013 showed findings of severe chondromalacia. She was seen on 08/06/14. There had been no improvement after a cortisone injection. She was having ongoing anterior knee pain, increased with stair climbing. Physical examination findings included a mild effusion with crepitus on range of motion. There was a positive patellar grind test. She had peripatellar and joint line tenderness. Imaging results were reviewed. Authorization for viscosupplementation injections was requested. She was seen by the requesting provider on 08/11/14. She was having ongoing symptoms. Physical examination findings included an antalgic gait with medial and lateral joint line tenderness. She had pain with range of motion and crepitus over the patellofemoral joint. There were positive patellar compression and McMurray tests. She was returned to work with restrictions. On 11/03/14 she was having ongoing knee pain, aching, and stiffness. Pain was rated at 6-7/10. Authorization for physical therapy and a Functional Capacity Evaluation was requested. The claimant had previously worn a knee support and it had worn out. Authorization for a pre-fabricated hinged knee brace was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Custom right knee support: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Brace.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic right knee pain. She has findings of severe chondromalacia and has previously worn a knee support which has worn out. Although there are no high quality studies that support or refute the benefits of knee braces for patellar instability, in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In this case, the claimant has already used a knee brace with benefit. Therefore, the knee brace as requested was medically necessary.