

Case Number:	CM14-0204048		
Date Assigned:	12/16/2014	Date of Injury:	11/08/2012
Decision Date:	02/04/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 is a 52 year-old male, who was injured on November 8, 2012, while performing regular work duties. A progress report on June 19, 2014, indicates physical findings of "gait is intact". A pain management consultation on June 19, 2014, indicates the injured worker reports difficulty walking more than 100 yards, has received physical therapy for the low back and right knee, and had a magnetic resonance imaging of the right knee on March 4, 2014, which reveals an oblique tear in the medial meniscus area. An evaluation on July 17, 2014, indicates the injured worker reporting pain radiation from the low back into the lower extremities. The physical findings are tenderness with spasms of the lumbar spine area, Seated nerve root test is positive; and tenderness in the joint line of the knee with negative anterior drawer and posterior pivot testing, and positive McMurray testing. An evaluation on September 18, 2014, indicates the injured worker reporting constant right knee pain. Physical findings are no swelling, normal quadriceps and hamstrings strength, and no clinical evidence of instability. The request for authorization is for the purchase of a right knee brace. The primary diagnosis is lumbago. On November 7, 2014, Utilization Review non-certified the request for the purchase of a right knee brace, based on MTUS, ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase right knee brace: Upheld

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

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

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, purchase right knee brace is not medically necessary. A brace can be used 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. The average patient, using a brace is usually unnecessary. The Official Disability Guidelines enumerate the criteria for the use of knee braces. They include, but are not limited to, knee instability, ligament insufficiency, etc. See the guidelines for additional details. In this case, the injured worker is a 52-year-old with an injury date November 8 of 2012. The injured worker's working diagnoses are lumbago and internal derangement of the knee. The injured worker is awaiting surgery for the affected knee. There was no clinical evidence of instability. The ACOEM states a brace can be used for patellar instability, ACL tear or an MCL ligament instability. These physical findings are not present on examination. Additionally, there was no documentation the injured worker was going to be stressing the knee under load. Consequently, absent the appropriate clinical indications and documentation, purchase right knee braces not medically necessary.