

Case Number:	CM14-0204078		
Date Assigned:	12/16/2014	Date of Injury:	11/29/2011
Decision Date:	02/06/2015	UR Denial Date:	11/19/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of 11/29/11. A utilization review determination dated 11/19/14 recommends non-certification/modification of bilateral knee braces. Synvisc on the right was certified. A 5/21/13 right knee MRI was said to demonstrate moderate chondromalacia grade 2 involving the medial femoral condyle with chondral attrition and fissuring and degenerative intrasubstance micro-tearing involving the anterior horn of the lateral meniscus. Patient underwent chondroplasty of the medial femoral condyle on the right 1/9/14. 11/14/14 medical report identifies improving with PT, pending Synvisc, right leg radiating pain, and low back pain. On exam, there is joint line tenderness, tenderness and bilateral sciatic notches, limited lumbar ROM, and positive right SLR. Recommendations include finishing PT for the left knee, Synvisc, lumbar spine MRI, and narcotic pain management.

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.

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

Decision rationale: Regarding the request for bilateral knee braces, CA MTUS and ACOEM state that 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. For the average patient, using a brace is usually unnecessary. Within the documentation available for review, while there is documentation of grade 2 chondromalacia on the right with a pending Synvisc injection, none of the conditions outlined above are identified and there is no indication of any significant current functional deficits or another clear indication for bilateral knee bracing. In the absence of such documentation, the currently requested bilateral knee braces are not medically necessary.