

Case Number:	CM14-0217520		
Date Assigned:	01/07/2015	Date of Injury:	07/12/2013
Decision Date:	12/11/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial-work injury on 7-12-13. A review of the medical records indicates that the injured worker is undergoing treatment for left knee pain and left knee internal derangement. Treatment to date has included pain medication Norco, physical therapy left knee at least 6 sessions, x-ray and activity modifications. Medical records dated 11-6-14 indicates that the injured worker complains of left knee pain that is moderate to severe and in the area of the medial joint line. He reports gradual worsening symptoms. Other symptoms include instability and catching sensations. The physician indicates that x-ray of the left knee done in the office reveals normal study without evidence of arthritis. Per the treating physician report dated 11-3-14 the injured worker has not returned to work. The physical exam reveals that the left knee has tenderness to the medial joint line, range of motion is good, the quadriceps strength is slightly decreased, the McMurray's test is positive and causes pain at the medial joint line, the Lachman's sign is positive and the endpoint is vague. The physician indicates that the injured worker is more than a year and a half out from his injury and has no treatment to this point. He recommends Magnetic Resonance Imaging (MRI) of the knee to see if additional changes have developed over the past year and he recommends a functional knee brace and will start therapy. The requested service included one knee brace. The original Utilization review dated 12-3-14 non-certified the request for one knee brace as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: In this case, the claimant has chronic left knee pain in the medial joint line. MTUS/ACOEM Guidelines state that a knee brace is indicated for patellar instability, ACL tear or MCL instability. In this case, the patient does not have any of these conditions. A brace would be only recommended if the patient is going to be stressing the knee under a load. There is no indication that this patient will be stressing his knee under a load. An MRI of the left knee does not indicate that the patient has an ACL tear or MCL instability. Therefore, the patient does not meet criteria for a knee brace and the request is not medically necessary.