

Case Number:	CM15-0004012		
Date Assigned:	02/05/2015	Date of Injury:	09/27/2013
Decision Date:	03/30/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/08/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old female who reported an injury on 09/27/2013. The mechanism of injury was the injured worker became tangled in a rope and fell to the ground, twisting her hip and her right knee on a metal pole. The injured worker was diagnosed with patellofemoral syndrome, iliotibial band syndrome, sprain of the sacroiliac region on the right, knee pain on the right, hip bursitis on the right, and myofascial pain syndrome. Prior treatments included medications, exercises, and physical therapy. The injured worker underwent an x-ray of the right hip and right knee which were noted to be normal. The documentation of 12/01/2014 the injured worker was noted to have right knee pain. The injured worker reported good result with kinesio taping. The injured worker had an old patella brace which fit loosely. The current medications included naproxen sodium 550 mg 1 every 12 hours as needed for pain and Zanaflex 2 mg capsules one 3 times per day. The physical examination revealed the right knee was stable with LCL testing. The patellar grind test was positive and the Ober's test was positive. The right knee was stable with MCL testing. There was tenderness to palpation in the patellar tendon. Range of motion was restricted with flexion limited to 135 degrees and extension to 0, and the right knee was noted to pop. The treatment plan included a new patellar brace since the old one no longer fit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right patellar donjoy knee brace: 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): 346.

Decision rationale: The American College of Occupational and Environmental Medicine recommends a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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 clinical documentation submitted for review indicated the injured worker had a prior brace that was no longer effective. However, the MCL was noted to be stable and the right knee was stable with LCL testing. There was a lack of documented instability. There was a lack of documentation indicating the injured worker was going to be stressing the knee under a load, such as climbing a ladder or carrying boxes. Given the above, the request for right patellar Donjoy knee brace is not medically necessary.