

Case Number:	CM15-0131595		
Date Assigned:	07/17/2015	Date of Injury:	07/23/2011
Decision Date:	08/25/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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: Pennsylvania, Ohio, California
 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 53 year old male, who sustained an industrial injury on 7/23/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having right knee internal derangement/degenerative joint disease and status post right knee arthroscopy. There is no record of a recent diagnostic study. Treatment to date has included multiple knee surgeries, heat/ice, physical therapy and medication management. In a progress note dated 5/14/2015, the injured worker complains of right knee pain. Physical examination showed right knee tenderness and decreased range of motion with crepitus. The treating physician is requesting right knee medial unloader brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial unloader brace for the right knee, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Knee Brace, Unloader Braces for the Knee.

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

Decision rationale: ACOEM recommends use of a knee brace only in specific well-defined situations of joint instability. The guideline suggests that the benefits of a brace may be more emotional (i.e. increasing confidence) than medical and that usually a brace is necessary only if the patient will be stressing the joint under load. Overall ACOEM states that for the average patient, using a brace is usually unnecessary. The records do not provide such specific data about knee instability to support an indication for this equipment. Additionally the records do not specifically document medial knee osteoarthritis for which an unloader brace might be indicated. This request is not medically necessary.