

Case Number:	CM15-0143545		
Date Assigned:	08/04/2015	Date of Injury:	03/16/2011
Decision Date:	08/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/24/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59-year-old male with an industrial injury dated 06-16-2011. His diagnoses included right knee internal derangement, right knee sprain - strain, left knee internal derangement, left knee sprain-strain. Prior treatment included acupuncture, extracorporeal shockwave, diagnostics and medications. He presents on 05/22/2015 with complaints of occasional moderate achy, bilateral knee pain with numbness rated as 5 out of 10. Physical exam noted no bruising, swelling, atrophy or lesion present in either knee. On exam of the right knee there was tenderness to palpation of the anterior knee, lateral knee and medial knee. McMurray's and Anterior Drawer sign caused pain. Exam of the left knee noted tenderness to palpation of the lateral and medial knee. McMurray's caused pain. Treatment plan included topical medications, knee brace, and referral to orthopedic surgeon, urine analysis testing, acupuncture, chiropractic treatment and physiotherapy. The treatment request is for a knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): 340.

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended 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. In this case, there is no evidence of patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, therefore, the request for knee brace is not medically necessary.