

Case Number:	CM15-0180797		
Date Assigned:	09/22/2015	Date of Injury:	08/03/2012
Decision Date:	11/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This injured worker is a 41-year-old male who reported an industrial injury on 8-3-2012. The history noted a motor vehicle accident in 2009, resulting in upper back and right leg injuries with treatment. His diagnoses, and or impressions, were noted to include: right knee pain, rule-out internal derangement; right foot pain presumed plantar fasciitis and-or "carpal tunnel syndrome"; and right knee patellofemoral pain syndrome with referred pain from the lumbar spine. Recent magnetic imaging studies of the right knee and right ankle were done on 5-2-2015, noting changes of the medial meniscus without tear; and a recent toxicology screening was noted on 5-4-2015. His treatments were noted to include: acupuncture treatments - effective; medication management with toxicology studies; and rest from work. The progress notes of 8-12-2015 reported complaints which included: more chronic right knee-foot pain, rated 10 out of 10, with > 60% improvement from his analgesics resulting in functional improvement of > 3 months, quality of life improvement, and improvement with performing activities of daily living independently. The objective findings were noted to include: no acute distress; an antalgic gait that did not require the use of any assistive device or brace; mild-moderate difficulty when transitioning from seated to standing position during the examination; and right knee edema with severe tenderness to the medial and lateral right knee joint lines, with positive crepitus, and a > 50% improvement with right knee range-of-motion with his new medication regimen which initiated opioid therapy. The physician's requests for treatment were not noted to include a request for a right knee brace; did the progress notes of 5-4-2015, neither 6-8-2015, 6-15-2015, nor 7-13-2015. The Request for Authorization for a right knee brace was not noted in the medical records provided. The Utilization Review of 9-16-2015 non-certified the request for a right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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: Right knee brace is not medically necessary per the MTUS Guidelines. The MTUS ACOEM does discuss bracing of the knee in regards to acute knee injuries. The ACOEM does state that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional. The ACOEM does state that a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. The documentation does not reveal evidence of knee instability. The documentation does not reveal that the patient is going to be stressing the knee under load. The request for a right knee brace is not medically necessary.