

Case Number:	CM15-0198021		
Date Assigned:	10/13/2015	Date of Injury:	05/31/2014
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/08/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 19 year old male, who sustained an industrial injury on 5-31-14. The injured worker is diagnosed with right knee sprain-strain (rule out derangement). His work status is temporary total disability. Notes dated 6-16-15 - 6-29-15 reveals the injured worker presented with complaints of left knee pain. He reports some difficulty rising from a seated position, standing, walking, climbing stairs, sitting, working outdoors on flat ground, light housework, sexual activity and lifting. He also reports sleep disturbance. A physical examination dated 6-29-15 revealed 3+ tenderness over the right knee cap region and medial and lateral joint line. The Clark's and McMurray tests are positive. Treatment to date has included medication and physical therapy. The therapeutic response was not included. Diagnostic studies to date have included urine toxicology screen dated 6-17-15 is negative, right lower extremity MRI (2014) and x-rays (2014). A request for authorization dated 8-12-15 for retro right knee brace is non-certified, per Utilization Review letter dated 10-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Right Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

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

Decision rationale: ACOEM states A 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 (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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. The patient is not currently working and will not be stressing the knee by climbing or carrying a load. As such the request for Retro Right Knee Brace is not medically necessary.