

Case Number:	CM15-0208600		
Date Assigned:	10/27/2015	Date of Injury:	04/09/2015
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/22/2015

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, Hawaii

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 female who sustained an industrial injury on 04-09-2015. Medical records indicated the worker was treated for a left knee medial meniscus tear. In the provider notes of 06-30-2015, the worker presented to the clinic for a complaint of pain in the left knee. A MRI (05-27-2015) showed possible small horizontal cleavage tear in the posterior horn of the medial meniscus as well as a posterior Baker's cyst. She complains of a dull pain that is a 1-2 on a scale of 0-10 intensity. The pain is exacerbated by movement to the right greater than the left. Rest, elevation and physical therapy have helped alleviate her symptoms. On exam, there is a normal gait, no swelling, ecchymosis or spasm, and the range of motion is 0-120 degrees extension, and 0-120 degrees flexion. Motor strength is normal. There is medial joint line tenderness and a negative McMurray sign. Stable Lachman and anterior drawer. Stable Varus and valgus testing. The treatment plan includes temporary disability for 6 weeks. A request for authorization was submitted for Retro (DOS 6/30/15): Rebound Ply Knee Wrap -2XL. A utilization review decision 10-15-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 6/30/15): Rebound Ply Knee Wrap/2XL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Knee Brace.

Decision rationale: The patient presents with left knee pain. The current request is for Retro (DOS 06/30/15) Rebound Ply knee wrap/2XL. The treating physician's report dated 06/30/2015 (25B) does not address this request. No previous request for a wrap was noted in the medical records. The patient is not post-surgical. The ACOEM Guidelines page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear or medial collateral ligament instability, although its benefits may be more of emotional than medical. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG further states that braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The criteria for prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructive ligament, articular defect repair, et cetera. The MRI of the left knee dated 05/27/2015 (47B) showed: 1. Mild effusion within the left knee joint and bursa. 2. The posterior horn of the medial meniscus appears small with maceration. 3. There is a possible small horizontal cleavage tear communicating with the inferior surface of the posterior horn. 4. Baker's cyst posterior to the medial femoral condyle. 5. Otherwise, normal magnetic resonance imaging study of the left knee, the lateral meniscus, cruciate and collateral ligaments appear intact. In this case, the patient does not present with any of the conditions mentioned by ACOEM or ODG Guidelines for a knee brace. The current request is not medically necessary.