MAXIMUS Federal Services

Case Number:	CM15-0024570		
Date Assigned:	02/17/2015	Date of Injury:	11/09/2012
Decision Date:	03/26/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 39 year old male with an industrial injury dated 11/09/2012 secondary to striking his right knee on a forklift. His diagnoses include right lateral knee derangement and right knee chondromalacia. Recent diagnostic testing has included a MRA of the right knee (08/22/2014) showing post-surgical changes of the medial meniscus without evidence of a re-torn meniscus, and mild medial compartment chondromalacia. Previous treatments have included medications, right knee surgery (07/20/2013), home exercises, and an injection. In a progress note dated 01/19/2015, the treating physician reports bilateral knee pain rated 9/10 in severity with no improvement from the previous cortisone injection, and weakness, numbness, locking, giving way, grinding and swelling of the right knee. There were no objective findings reported on this examination. The treating physician is requesting right knee brace which was denied by the utilization review. On 02/02/2015, Utilization Review non-certified a request for right knee brace, noting the absence of documented recent objective physical examination and no evidence of instability. The ACOEM and ODG Guidelines were cited.On 02/09/2015, the injured worker submitted an application for IMR for review of 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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346.

Decision rationale: The MTUS ACOEM Guidelines state that knee braces may be used for patellar instability, anterior cruciate ligament tears, or medical collateral ligament instability, although its benefits may be more emotional than medical. Usually the knee brace is only necessary in these cases if the patient is going to be stressing the knee under load, but for the average patient prophylactic knee bracing is not recommended and unnecessary. In all cases, if a brace is used, it must be fitted properly and combined with a rehabilitation program. In the case of this worker, although in the recent progress note the worker reported weakness, numbness, locking, grinding, swelling, and giving way of his right knee, there was no documentation of any physical findings to corroborate these symptoms to potentially justify a knee brace as an exception to the Guidelines. Therefore, without objective evidence of instability the right knee brace will be considered medically unnecessary.