

Case Number:	CM15-0030271		
Date Assigned:	02/23/2015	Date of Injury:	09/17/2013
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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:

This 31 year old male sustained a work related injury on 09/17/2013. According to a progress report dated 01/05/2015, the injured worker complained of bilateral knee pain. He reported pain in the left knee that was rated 8 on a scale of 1-10 and 2 in the right knee. There was instability in the left knee. The injured worker reported that half way through the day, his gait was altered. Physical examination revealed gait and station were within normal limits. There was tenderness over the patellofemoral joint at both sides and moderate patellar tilt. Ligaments were stable. He had negative anterior and posterior drawer. Lachman and pivot shift tests were negative. There was no posterior or posterolateral instability. He had tightness over the lateral retinaculum with mild crepitus in the region of the lateral side of the knee. There was full range of motion with physiologic hyperextension. He did tend to in-toe somewhat. The provider's assessment was noted as bilateral knee patellofemoral pain and moderate patellofemoral tilt bilaterally with chondromalacia. On 01/20/2015, Utilization Review non-certified Shields brace for the left knee. According to the Utilization Review physician, the clinical documentation did not note instability or any previous procedure to the knee which would warrant the use for a brace. However, it was indicated that the injured worker's job requires stressing the knee under a load, including climbing up and down stairs and carrying boxes. Clarification was needed in regard to the injured worker's instability. CA MTUS ACOEM Practice Guidelines Chapter 13, pages 339-340 and Official Disability Guidelines, Knee & Leg were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shields brace for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Knee & Leg, Knee Brace.

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

Decision rationale: The patient presents with pain in both of his knees, left side greater than right side. The request is for shields brace for the left knee. The patient is currently working. ACOEM Guidelines page 340 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 than medical." The ODG Guidelines under the knee chapter does recommend knee brace for the following conditions, "Knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture." In this case, the treater requested shields brace to see whether or not it does help the patient's pain. Review of the reports does not indicate the patient has had a recent surgery. Given that the patient has not been diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, medial collateral ligament (MCL) instability, knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture, the requested left knee brace is not medically necessary.