

Case Number:	CM15-0031912		
Date Assigned:	02/25/2015	Date of Injury:	01/06/2014
Decision Date:	04/08/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/20/2015

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: Texas, California
 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:

This is a 44 year old male patient, who sustained an industrial injury on 01/06/2014. The diagnoses have included internal derangement left knee. He sustained the injury due to fell from a step ladder. Per the doctor's note dated 01/15/2015 patient had complaints of low back pain, neck pain, headache, thoracic pain, right knee pain and left knee pain. Physical examination revealed lumbar spine- tenderness, spasm and positive straight leg raising test; right knee- diffuse tenderness. The medications list includes hydrocodone, cyclobenzaprine, tramadol, omeprazole and naproxen. His surgical history includes umbilical hernia repair and abscess removal surgery. Patient has had physical therapy, TENS and brace for this injury. Treatment plan included hinged brace to left knee to prove stability. On 02/19/2015 Utilization Review non-certified Hinged Brace Left Knee for purchase. The CA MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged Brace Left Knee for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: Request: Hinged Brace Left Knee for purchase. Per the ACOEM guidelines cited below "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" Any evidence for the need of stressing the knee under load such as climbing ladders or carrying boxes is not specified in the records provided. Significant consistent evidence of patellar instability or anterior cruciate ligament (ACL) tear is not specified in the records provided. Response to conservative therapy including physical therapy is not specified in the records provided. Recent detailed clinical examination of the left knee is not specified in the records provided. The medical necessity of Hinged Brace Left Knee for purchase is not established for this patient at this time.