

Case Number:	CM15-0051550		
Date Assigned:	03/25/2015	Date of Injury:	02/13/2015
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/18/2015

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: Preventive Medicine, Occupational 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 51-year-old male, with a reported date of injury of 02/13/2015. The diagnoses include right knee strain. Treatments to date have included oral medications and an x-ray of the right knee. The Doctor's First Report of Occupational Injury dated 02/24/2015 indicates that the injured worker complained of right knee pain, and rated the pain an 8 out of 10. He also reported swelling of the right knee. The injured worker bought an adjustable brace without hinges to give the knee some support. It was noted that the brace helped. He sometimes had pain from the knee to the foot. The injured worker reported having decreased range of motion of the knee, and it was indicated that the knee hurt to walk. An examination of the right knee showed a faint purple area on the medial aspect; tenderness along the medial and lateral joint lines; tenderness over the suprapatellar area; a little tenderness over the patella; and an inability to completely extend the knee. The treating physician requested a right hinged knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Right hinged 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.

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional 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. The request for DME: Right hinged knee brace is determined to NOT be medically necessary.