

Case Number:	CM15-0051707		
Date Assigned:	03/25/2015	Date of Injury:	02/16/1996
Decision Date:	05/01/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/19/2015

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: Florida

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 65 year old male, who sustained an industrial injury on February 16, 1996. He reported low back and right knee pain. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, and lumbosacral or thoracic neuritis. Treatment to date has included medications, steroid injections, physical therapy, and lumbar surgery. On February 10, 2015, a PR-2 indicates he was seen for chronic low back pain following a laminectomy, with radiation into the right leg and down to the toes. He recently had a steroid injection of the right knee, which he indicates gave some relief. He reports some relief with stretching and Lidocaine patches. The request is for a patella strap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patella strap: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Activity Alteration. Knee Complaints Page(s): 340.

Decision rationale: MTUS Guidelines state regarding knee braces, "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." Regarding this patient's case, there is no documentation of ligament instability or of patellar instability. It should be noted that limited documentation was provided, and what is provided is handwritten and mostly illegible. This request is considered not medically necessary based off the documentation that has been provided.