

Case Number:	CM15-0051910		
Date Assigned:	03/25/2015	Date of Injury:	10/17/2011
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
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 33 year old female injured worker suffered an industrial injury on 10/17/2011. The diagnoses included left knee surgical intervention with residual gait impairment with limping. The injured worker had been treated with medications. On 1/13/2015, the treating provider reported persistent left knee pain 7/10 with instability with popping when walking. There was tenderness with slight weakness. The treatment plan included Left Knee Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Knee Brace: Upheld

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

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

Decision rationale: MTUS guidelines states regarding knee braces, "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical 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, the 1/2015 Orthopedic stability physical exam was completely within normal limits. The diagnosis was left knee surgical intervention with residual antalgic gait and limping. The documentation provided in this patient's case does not establish the medical necessity of a knee brace, and likewise this request is considered not medically necessary.