MAXIMUS Federal Services

Case Number:	CM15-0081571		
Date Assigned:	05/04/2015	Date of Injury:	06/14/2014
Decision Date:	06/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/28/2015

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: Internal 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 52 year old female who sustained an industrial injury on 6/14/14. The injured worker reported symptoms in the right lower extremity. The injured worker was diagnosed as having right knee contusion with resolving hematoma and right knee grade 2 chondromalacia of the median ridge and medial facet. Treatments to date have included oral analgesic, nonsteroidal anti-inflammatory drugs, magnetic resonance imaging, physical therapy, acupuncture treatment, and home exercise program. Currently, the injured worker complains of right knee pain. The plan of care was for a right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), criteria for the use of knee braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses knee braces. American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints indicates that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability. Prophylactic braces are not recommended. MRI magnetic resonance imaging of the right knee dated 09/03/14 demonstrated near-complete resolution of previously seen mass in the region of the medial patellofemoral ligament with minimal residual altered signal intensity and enhancement compatible with evolving posttraumatic hematoma, and high grade chondral loss at the inferior central trochlea and low grade chondral fissuring at the medial ridge of the patella and medial patellar facet that is stable. The orthopedic progress report dated 10/27/14 documented the use of a neoprene knee sleeve. The date of injury was 6/14/14. The doctor's report dated 1/29/15 documented negative bilateral knee X-ray radiographs. The primary treating physician's progress report dated 3/5/15 documented that the patient ambulates with a normal gait, and is wearing a brace over the right knee. Physical examination of the right knee demonstrates tenderness to palpation of the medial aspect of the patellar facet and just superior to that area. No knee stability was documented. No ligament insufficiency or deficiency was noted. MTUS guidelines do not support the request for a knee brace. Therefore, the request for knee brace is not medically necessary.