

Case Number:	CM13-0035406		
Date Assigned:	12/13/2013	Date of Injury:	07/21/2009
Decision Date:	02/07/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 48-year-old female injured March 21, 2009 sustaining an injury to the right knee. Specific to the right knee, there is documentation of a prior August 22, 2013 assessment with [REDACTED], indicating a diagnosis of right knee pain. With examination showing 0 to 124 degrees range of motion, normal alignment, negative McMurray's testing, negative anterior and posterior drawer and negative Lachman's. There was no medial or lateral ligament instability. A further assessment of September 20, 2013 with [REDACTED] indicated a current diagnosis of low back pain with spondylosis with no documentation of knee findings. Recent imaging regarding the knee is unclear. At present, there was a request for a right knee hinged brace for purchase for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of a right knee brace wrap hinged, L1832: 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), TWC Knee and Leg Procedure Summary.

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

Decision rationale: Based on California ACOEM Guidelines, hinged bracing for the knee is only indicated for the role of patellar instability, anterior cruciate ligament tearing or medial collateral ligament instability. Records in this case given a recent physical examination that showed no evidence of an unstable process with no medial or lateral instability, negative Lachman's, negative anterior drawer and essentially no positive findings. The acute need for bracing to the claimant's knee at this chronic stage in clinical course of care with recent negative evaluation would not be indicated.