

Case Number:	CM14-0147649		
Date Assigned:	09/15/2014	Date of Injury:	11/01/2005
Decision Date:	10/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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 injured worker is a 48 year old female who reported an injury on 11/01/2006 due to an unknown mechanism. Diagnoses were left knee grade IV chondromalacia, left knee lateral meniscal tear, and status post left knee arthroscopy on 02/06/2014. Past treatments were physical therapy, chiropractic treatments, and home exercise program. MRI of the left knee performed on 12/08/2012 revealed chronic tear involving body and both horns of the lateral meniscus. There was a grade II degeneration involving the body and both horns of the medial meniscus. There was partial tear of the anterior cruciate ligament. Examination of the left knee revealed tenderness to palpation over the pes anserine bursa. There was +1 effusion and crepitus noted. Range of motion was restricted due to pain. Treatment plan was for Synvisc injection and left knee brace. Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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.

Decision rationale: The decision for Left knee brace is not medically necessary. The ACOEM Guidelines state 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. It was not reported that the injured worker was to be stressing the knee under load, such as climbing ladders or carrying boxes. It was not reported that the injured worker had instability of the knee. The clinical information submitted for review does not provide evidence to justify a left knee brace. Therefore, this request is not medically necessary.