

Case Number:	CM14-0161363		
Date Assigned:	10/06/2014	Date of Injury:	02/10/2007
Decision Date:	11/07/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/01/2014

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 and 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 51 year old male who reported an injury on 02/07/2007. The mechanism of injury was a fall. He was diagnosed with lumbosacral spondylosis without myelopathy, knee pain, degeneration of lumbar intervertebral disc and opioid dependence. His past treatments included physical therapy, TENS unit, an epidural steroid injection, and medication. The injured worker complained of knee pain on 08/01/2014. On physical exam he had tenderness over knee joint lines and 5/5 strength to the lower extremities. The injured worker's medication regimen included Celebrex, Lyrica, methadone, Norco, Pennsaid, Trazodone, Zanaflex, Zolpidem, Amitiza, bupropion, Clonazepam and Ranitidine. The treatment plan included refills of Norco, methadone, Zanaflex, Lyrica and Lidocain patches. There was no rationale listed to support the request for the bilateral knee supports. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee supports: 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 request for bilateral knee supports is not medically necessary. The California MTUS/ACOEM guidelines state a knee 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. There is a lack of documentation indicating the injured worker has significant instability to the bilateral knees. There is a lack of documentation indicating the injured worker had significant objective functional deficits to the knees. There is no indication that the braces will be used in conjunction with a rehabilitation program. As such, the request is not medically necessary.