

Case Number:	CM14-0102362		
Date Assigned:	07/30/2014	Date of Injury:	05/21/2003
Decision Date:	06/19/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/02/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 50 year old male, who sustained an industrial injury on 5/21/2003. Diagnoses include chronic ACL insufficiency and right knee degenerative joint disease. Treatment to date has included medications including anti-inflammatory and pain medications, bracing and modified work. Per the Primary Treating Physician's Progress Report dated 5/12/2014, the injured worker reported doing fairly well. The ACL brace has been working well to stabilize his knee, but is starting to irritate his skin and causing some difficulty with it sliding down his leg. Objective findings included a noticeable limp. There was trace effusion of the right knee. Range of motion was 0-120 degrees. There was a positive anterior drawer and Lachman's, pivot shift on the right and negative on the left. The plan of care included continuation of bracing and authorization was requested on 6/12/2014 for a new medial unloader knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial unloader knee brace: Upheld

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

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

Decision rationale: ACOEM states "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." The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. The most recent note does not document subjective or objective findings that warrant the use of this brace. As such the request for 1 Medial unloader knee brace is not medically necessary.