

Case Number:	CM14-0202805		
Date Assigned:	12/15/2014	Date of Injury:	05/18/2014
Decision Date:	06/26/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 26-year-old male, who sustained an industrial injury, May 18, 2014. The injured worker previously received the following treatments 12 physical therapy sessions, Tramadol, Ultram, Flexeril, home exercise program, left knee brace and Naproxen. The injured worker was diagnosed with right knee, right leg, left wrist sprain, left and right knee sprain and Mobic. According to progress note of October 7, 2014, the injured workers chief complaint was right knee pain. The pain was described as dull, burning, intermittent and mild. The right knee was swelling with activity. The physical exam noted swelling of the right knee. There was patellar tenderness with palpation. The treatment plan included a Hely-Weber brace for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brace for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability guidelines- Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Brace.

Decision rationale: The claimant sustained a work injury in May 2014 and continues to be treated for right knee pain. When seen, there was patellar tenderness. He is being treated for a diagnosis of patellofemoral syndrome. Recommendations have included physical therapy, taping, and use of a patellar tracking knee brace. Although there are no high quality studies that support or refute the benefits of knee braces for patellar instability, in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In this case, when requested, the claimant had not had physical therapy, which would be expected to be an effective treatment for this condition. Therefore, the requested knee brace was not medically necessary.