

Case Number:	CM14-0210944		
Date Assigned:	12/23/2014	Date of Injury:	09/28/2012
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/15/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 58 year old male with an injury date of 09/28/12. Based on the 11/25/14 progress report provided by treating physician, the patient complains of mild Right knee pain and occasional Left knee pain with climbing stairs. The patient is status post Right knee arthroscopy 01/24/13 and Left knee arthroscopy 11/14/13. Handwritten progress reports provide no physical examination discussion. Patient's current medications include Tramadol, Prilosec and Lodine. Per treater report dated 11/25/14, the patient is temporarily totally disabled. MRI of the left knee 05/05/14. Post-surgical changes suggestive of partial-menisectomy involving the central-most protions of the medial and lateral menisci are suggested.2. There are tears involving the body and posterior horn of the medial meniscus along its inferior articular surface.3. No definite evidence of internal derangement is noted otherwise. Early athrosis and chondromalacia is seen in the medial compartment cartilage. Diagnosis (10/29/14) - Status post right knee arthroscopy- Left knee pain- Right hip pain- Lumbar spine pain- Cervical spine sprain The utilization review determination being challenged is dated 12/10/14. The rationale follows: 1) KNEE BRACE NEOPRENE SLEEVE LEFT: "There is no documented knee deformity, AVN, meniscal repair, instability, or plateau fracture." 2) KNEE BRACE NEOPRENE SLEEVE RIGHT: "There is no documented knee deformity, AVN, meniscal repair, instability, or plateau fracture." Treatment reports were provided from 04/06/14 to 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee brace Neoprene sleeve left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under Knee Brace.

Decision rationale: The patient presents with occasional Left knee pain with climbing stairs. The request is for knee brace neoprene sleeve left. The patient is status post Left knee arthroscopy 11/14/13. Patient's current medications include Tramadol, Prilosec and Lodine. Patient is TTD.ACOEM page 304 recommends "knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical 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." ODG, Knee and Leg Chapter under Knee Brace, does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartamental OA, or tibial plateau fracture."Treater has not provided reason for the request. Given the patient's diagnosis, the request for Left knee brace would appear to be reasonable. However, the request is for neoprene sleeve which does not have much support from the guidelines. The examination findings are also not significant, as patient presents with only occasional knee pain. Per treater's report 04/06/14, after arthroscopy, pain improved to 3/10. Therefore, given no documentation or discussion as to how the brace will benefit the patient, the request is not medically necessary.

Knee brace Neoprene sleeve right: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee Brace.

Decision rationale: The patient presents with mild Right knee pain. The request is for knee brace neoprene sleeve right. The patient is status post Right knee arthroscopy 01/24/13. Patient's current medications include Tramadol, Prilosec and Lodine. Patient is TTD. ACOEM page 304 recommends "knee brace for patellar instability, anterior cruciate ligament (ACL) tear,

or medical 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." ODG, Knee and Leg Chapter under Knee Brace, does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." Treater has not provided reason for the request. Given the patient's diagnosis, the request for Right knee brace would appear to be reasonable. However, the request is for neoprene sleeve which does not have much support from the guidelines. The examination findings are also not significant, as patient presents with only mild knee pain. Per treater's report 04/06/14, after arthroscopy, pain improved to 3/10. Therefore, given no documentation or discussion as to how the brace will benefit the patient, the request is not medically necessary.