

Case Number:	CM15-0010029		
Date Assigned:	01/27/2015	Date of Injury:	07/23/2011
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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 is a 25 year old female, who sustained an industrial injury on July 23, 2011. The injured worker has reported bilateral knee pain. The diagnoses have included left knee pain and chronic right knee pain. The injured worker underwent several left knee surgeries including a meniscus repair in 2011, arthroscopy with debridement in 2013 and an arthroscopy ligament repair on March 6, 2014. Treatment to date has included pain medication, MRI, multiple left knee surgeries, urine drug screening and physical therapy. MRI of the right knee dated May 30, 2014 notes no sign interval change from a prior MRI in 2012 and a small amount of joint fluid but no evidence of a tear. Current documentation dated December 17, 2014 notes that the injured worker was recuperating from left knee surgery and was attending physical therapy. The injured worker continued to have bilateral knee pain. Pain medication continued to be beneficial for the pain. Her knee pain was rated at a three to four out of ten on the Visual Analogue Scale. Objective findings noted to significant changes. On January 8, 2015 Utilization Review non-certified a request for the purchase of a right and left knee brace. The Official Disability Guidelines were cited. On January 16, 2015, the injured worker submitted an application for IMR for review of the purchase of a right and left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition, 2014, Knee & Leg; Knee Brace

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic):Knee braces

Decision rationale: The claimant is nearly 4 years status post work related injury with treatments including left knee arthroscopic ACL repair. The requesting provider does not document any findings of joint instability on either the left or right side. In terms of the right knee, the claimant has not had surgery and there is no evidence of joint instability. There is no diagnosis of patellofemoral syndrome. In this clinical scenario, a knee brace is not recommended.

Left Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition, 2014, Knee & Leg; Knee Brace

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic): Knee braces

Decision rationale: The claimant is nearly 4 years status post work related injury with treatments including left knee arthroscopic ACL repair. The requesting provider does not document any findings of joint instability on either the left or right side. The use of bracing after anterior cruciate ligament (ACL) reconstruction cannot be rationalized by evidence of improved outcome including measurements of pain, range of motion, graft stability, or protection from injury. While a knee brace may help support the knee when low forces are applied, these forces would not be expected to cause injury to the reconstructed ACL. A force that is high enough to disrupt the reconstructed ACL would not be effectively stabilized by the knee brace and use of a brace during these activities may increase the risk of re-injury. Therefore the requested brace for the left knee was not medically necessary.