

Case Number:	CM15-0116278		
Date Assigned:	06/24/2015	Date of Injury:	08/06/2014
Decision Date:	07/30/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 27-year-old male patient who sustained an industrial injury on 8/6/14. Diagnoses include left knee strain, left knee meniscus tear and cervical strain. Per the doctor's note dated 5/6/2015, he had complaints of neck and left knee pain. The physical examination revealed left knee joint line tenderness, painful range of motion and equal deep tendon reflexes. The medications list includes Flexeril, naprosyn, Prilosec, Tylenol #3 and Tramadol. He has had left knee MRI dated 9/1/2014 which revealed a complex flap tear of the posterior horn of the lateral meniscus, mild lateral chondromalacia and small popliteal cyst. She has had left knee cortisone injection and acupuncture for this injury. The treating physician made a request for a knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: Q-- Knee brace Per the ACOEM guidelines cited below "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. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Per the records provided patient had neck and left knee pain. He has significant objective findings on the physical examination- left knee joint line tenderness and painful range of motion. He has had left knee MRI dated 9/1/2014 which revealed a complex flap tear of the posterior horn of the lateral meniscus, mild lateral chondromalacia and small popliteal cyst. He has had conservative treatment including medications, injections and acupuncture. Knee brace is medically appropriate to provide stability for the knee in a patient with evidence of internal derangement of the knee that has not received surgical treatment and is being treated conservatively. The request of knee brace is medically necessary for this patient at this time.