

Case Number:	CM15-0120833		
Date Assigned:	07/01/2015	Date of Injury:	07/15/2009
Decision Date:	08/04/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

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 55 year old female who reported an industrial injury on 7/15/2009. Her diagnoses, and/or impressions, are noted to include: internal derangement of the knee and osteoarthritis, status-post arthroscopy and debridement (7/8/14) with knee pain following failed conservative and surgical care. Recent magnetic imaging studies of the left knee were done on 3/19/2015, which noted meniscal tears, osteoarthritis, joint effusion, and a Baker's cyst. Her treatments have included surgery; physical therapy; medication management; and modified work duties. The progress notes of 4/28/2015 reported a bad episode of severe pain in her left knee that kept her awake; otherwise with her exercise bike and medications she is able to take care of her activities of daily living. Objective findings were noted to include positive meniscal maneuvers in the left knee, and a limped gait. The physician's requests for treatments, on the 6/1/2015 Request for Authorization, were noted to include a left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

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

Decision rationale: Regarding the request for a knee brace, Occupational Medicine Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional 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. Within the documentation available for review, there is no indication that the patient has any of the diagnoses for which a knee brace is indicated and that the patient will be stressing the knee under load. In the absence of such documentation, the currently requested knee brace is not medically necessary.