

Case Number:	CM15-0076829		
Date Assigned:	04/28/2015	Date of Injury:	09/14/2000
Decision Date:	06/02/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 59 year old male, who sustained an industrial injury on 9/14/2000. Diagnoses include primary osteoarthritis left leg, chondromalacia patellae and joint pain left leg. Treatment to date has included surgical intervention (partial menisectomy left knee undated), diagnostics including magnetic resonance imaging (MRI), and Tramadol for pain. Per the Primary Treating Physician's Progress Report dated 3/06/2015, the injured worker reported bilateral knee pain with intermittent swelling. There is more pain along the medial side of the left knee. Physical examination revealed mild varus alignment both knees. He lacks about 2 or 3 degrees of extension in both knees. Flexion is 145 degrees bilaterally. Both knees have mild medial tenderness left greater than right. The plan of care included bracing and authorization was requested for a knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valgus unloader left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340.

Decision rationale: The MTUS Guidelines recommend the use of knee braces for instability of the kneecap or specific ligaments in the knee, although the benefit is likely more by increasing the worker's confidence than medical. Bracing is generally helpful only if the worker is performing activities such as carrying boxes or climbing ladders; it is not necessary for the average worker. When bracing is required, proper fitting and combination with a rehabilitation program is required. The submitted and reviewed documentation indicated the worker was experiencing pain in both knees with occasional catching, popping, or swelling. There were no documented examination findings suggesting the right knee was unstable. Further, there was no discussion suggesting the worker was actively performing the type of activities described above. In the absence of such evidence, the current request for a left knee valgus unloading brace is not medically necessary.