MAXIMUS Federal Services

Case Number:	CM15-0091047		
Date Assigned:	05/15/2015	Date of Injury:	02/24/2007
Decision Date:	06/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey
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:

The injured worker is a 46 year old female who sustained an industrial injury on February 24, 2007. She has reported back and left knee pain and has been diagnosed with radiculopathy, patellar instability of the left knee, sacroiliitis, sprain and strain of the sacroiliac, failed back syndrome, and unspecified internal derangement of the knee. Treatment has included medical imaging, surgery, physical therapy, acupuncture, chiropractic care, injection, medications, and cognitive behavioral therapy. Palpation of the lumbar facet revealed pain on both sided at L3-S1 region. There was pain noted over the lumbar intervertebral spaces on palpation. The injured workers gait appeared to be antalgic. Due to back and leg pain anterior lumbar flexion caused pain. There was pain noted with lumbar flexion. Left knee revealed tenderness to the lateral joint line and medial retinaculum. MRI of the lumbar spine dated February 25, 2015 revealed status post fusion of L2 through L4, degenerative disc disease at L4-5, and facet arthropathy in the lumbar spine. The treatment request included 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg, knee brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346.

Decision rationale: The MTUS ACOEM Guidelines state that knee braces may be used for patellar instability, anterior cruciate ligament tears, or medical collateral ligament instability, although its benefits may be more emotional than medical. Usually the knee brace is only necessary in these cases if the patient is going to be stressing the knee under load, but for the average patient prophylactic knee bracing is not recommended and unnecessary. In all cases, if a brace is used, it must be fitted properly and combined with a rehabilitation program. In the case of this worker, she had complained recently, according to the documentation provided for review, that her left knee was more painful with frequent episodes of instability and subluxations, which physical examination confirmed (positive McMurray lateral side, positive patellar apprehension test). However the provider recommended a knee brace to help with the knee pain and patellar instability in preparation for the likely lumbar surgery which was to be followed by physical therapy (for lumbar). However, the provider did not make mention of any plans to undergo any rehabilitation/physical therapy for the left knee to go along with the use of the knee brace, regardless of the surgery coming up. Therefore, without evidence of this plan to use physical modalities to go along with the brace, the brace is not medically necessary as it may lead to more dependence of the brace and weakening of the leg muscles which help support the patella and joint.