

Case Number:	CM15-0099429		
Date Assigned:	06/01/2015	Date of Injury:	05/23/2001
Decision Date:	06/30/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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:

This 63 year old female sustained an industrial injury on 5/23/01. She subsequently reported knee pain. Diagnoses include pain in lower leg and sprain of the knee. Treatments to date include prescription pain medications. The injured worker continues to experience neck and bilateral knee pain. Upon examination of the right knee, arthroscopy portals with a mild effusion was noted as well as moderate medial joint line tenderness. The left knee showed active active flexion and extension, there was slight retropatellar popping. Range of motion on both knees was restricted. A request for Neoprene open patella brace was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neoprene open patella brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Brace.

Decision rationale: The claimant has a remote history of a work injury occurring in may 2001 and continues to be treated for bilateral knee pain. Treatments have included right knee arthroscopic surgery. When seen, knee pain was rated at 6-9/10. Physical examination findings included restricted patellar motion and moderate medial joint line tenderness. There was decreased joint range of motion. There was a knee effusion. Although there are no high quality studies that support or refute the benefits of knee braces for patellar instability, in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program. In this case, there is no evidence of an adjunctive rehabilitation program. Therefore, the requested neoprene knee brace is not medically necessary.