

Case Number:	CM14-0143068		
Date Assigned:	09/10/2014	Date of Injury:	03/20/2014
Decision Date:	10/20/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 sustained an injury to her left knee on 03/20/14 when she fell off of some steps. Multi position MRI of the left knee with arthrogram dated 07/16/14 revealed globular increased signal in the anterior/posterior horn of the meniscus without contrast extension into the meniscus, suggestive of internal degeneration; patella-trochlear alignment: lateral subluxation relative to the trochlear groove which reduced on varying degrees of flexion; quadriceps tendinosis; cyst-like structure posterior to the imaged distal femoral diaphysis which may reflect a ganglion cyst. Physical examination noted active range of motion left flexion 147 degrees, extension 0 degrees; tenderness to palpation at the left lateral knee and left infrapatellar; strength 2+/5. The injured worker was diagnosed with sprain/strains of unspecified site of knee/leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Knee Support for Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Knee & Leg

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

Decision rationale: The request for functional knee support for purchase is not medically necessary. Previous request was denied on the basis that there are specific criteria mentioned outlined for knee bracing including structural instability and in the post-surgical period since the requesting provider has not documented any of these, guidelines do not support the request as being medically appropriate. The Official Disability Guidelines state that there are no high quality studies supporting or refuting the benefits of knee braces for patellar instability, ACL tears or MCL instability, but in some injured workers, 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 and are necessary only if the injured worker is going to be stressing the knee under load. No information was submitted indicating the injured worker is currently in physical therapy and/or actively participating in a home exercise program. Given this, the request for functional knee support for purchase is not indicated as medically necessary.