

Case Number:	CM13-0029304		
Date Assigned:	08/20/2014	Date of Injury:	10/13/2003
Decision Date:	09/30/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 records presented for review indicate that this 67-year-old gentleman was reportedly injured on October 13, 2003. The mechanism of injury is noted as a plane crash. The most recent progress note, dated May 16, 2014, indicates that there are ongoing complaints of low back pain, neck pain, knee pain, shoulder pain, and hand pain. The physical examination demonstrated limited range of motion of the cervical spine. There was slight weakness noted with abduction of the right hand compared to the left. An examination of the right knee dated April 9, 2014, shows a super patellar effusion and valgus alignment of the right knee with evidence of collapse of the lateral compartment. Diagnostic imaging studies of the cervical spine show multilevel degenerative disc disease and severe arthritic changes most notably at C3 - C4, C4 - C5, and C6 - C7. Previous treatment includes bilateral knee surgeries, physical therapy, and Synvisc one injection for the right knee. A request had been made for five custom OA braces and a large lycra undergarment and was not certified in the pre-authorization process on September 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Custom OA braces: 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 & Leg (Acute & Chronic).

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, Knee Braces, Updated August 25, 2014.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Knee and Leg, Knee Braces, Updated August 25, 2014. The Expert Reviewer's decision rationale: The Official Disability Guidelines recommends "knee braces for painful, total osteoarthritis. A review of the attached medical records does indicate that there is grade 4 osteoarthritis in the lateral compartment of the right knee with valgus alignment." While the injured employee may benefit from the use of a knee brace is unclear why five braces are requested. Without clarification and justification, this request for five custom OA braces are not medically necessary.

1 Large lycra undergarment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Compression Garments, Updated August 25, 2014.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Knee and Leg, Compression Garments, Updated August 25, 2014. The Expert Reviewer's decision rationale: It is unclear why there is a request for a large lycra undergarment considering the injured employees diagnoses of musculoskeletal pain and arthritis of the knees, shoulders, cervical spine, and lumbar spine. Without further justification and clarification, this request for one large lycra undergarment is not medically necessary.