

Case Number:	CM13-0036301		
Date Assigned:	12/13/2013	Date of Injury:	11/22/2006
Decision Date:	02/19/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 47-year-old male who reported a work related injury on November 22, 2006, mechanism of injury not specifically stated. The patient presents for treatment of the following diagnoses: right shoulder bursitis, right shoulder complete rupture of rotator cuff, right shoulder impingement syndrome, and right upper extremity weakness. The clinical note dated October 01, 2013 reports that the patient was seen under the care of [REDACTED]. The provider documented a review of the patient's imaging studies of the cervical spine and right upper extremity. The provider documented the patient utilizes naproxen, clonazepam, amitriptyline, metformin, tizanidine, simvastatin, "benfibrozil," Actos, omeprazole, hydrocodone, topical analgesics, and tramadol. The provider documented, upon physical exam of the patient, tenderness of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1021-1022.
Decision based on Non-MTUS Citation ODG Knee and 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.

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Decision rationale: The clinical documents submitted for review failed to provide evidence of recent exam findings, of the patient's right knee, indicative of significant pathology to support the requested durable medical equipment. The Official Disability Guidelines indicate specific criteria for the requested knee brace to include evidence of significant objective findings and symptomatology. Given the lack of a recent, thorough physical exam of the patient's right knee evidencing significant objective findings of symptomatology, the request for right knee brace is not medically necessary or appropriate