

Case Number:	CM13-0044138		
Date Assigned:	12/27/2013	Date of Injury:	06/22/2011
Decision Date:	03/07/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/28/2013

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 Family Practice 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 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 50-year-old male who reported a work-related injury on 06/22/2011, as a result of a fall. Subsequently, the patient presents for treatment of the following diagnoses, flexor tenosynovitis of the left wrist, carpal tunnel syndrome of the left wrist, neurapraxia median nerve left, fasciitis left, pain left wrist, internal derangement right knee, degenerative changes right knee, pain to the right knee, multilevel disc bulges of lumbar spine, anterolisthesis cervical spine at C5-6. The provider documented the patient was administered a right knee corticosteroid injection. The patient reports right knee pain at 7/10 with complaints of popping with ambulation and bending of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neoprene knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: The current request is not supported. The clinical notes document the patient is status post a contusion to the right knee of over 2 years from the date of injury. The patient is not in an acute phase of treatment for his right knee pain complaints which would be indicative of bracing about the knee per California MTUS/ACOEM. Furthermore, the clinical notes do not indicate the patient has undergone surgical interventions to the knee. The clinical notes failed to document the patient presented with any significant objective findings of instability about the left knee to support the requested intervention. The Official Disability Guidelines support bracing of the knee status post specific operative procedures as well as with evidence of significant knee instability or ligament insufficiency. Given all of the above, the request for one Neoprene knee brace between 10/9/13 and 11/23/13 is neither medically necessary nor appropriate.