

Case Number:	CM13-0055637		
Date Assigned:	12/30/2013	Date of Injury:	02/01/1999
Decision Date:	05/02/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/21/2013

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 & 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 injured worker is a 50-year-old female who reported an injury on 02/01/1999. The mechanism of injury was not stated. The injured worker is currently diagnosed with cervical radiculopathy, complex regional pain syndrome, fibromyalgia, headaches, depression, chronic pain, hypertension, and deconditioning, decreased renal function, bilateral shoulder surgery with residual, status post detox, and history of GERD, hiatal hernia, and morbid obesity. The injured worker was seen by [REDACTED] on 09/30/2013. The injured worker reported persistent lower back pain with radiation to bilateral lower extremities. The injured worker also reported neck pain with radiation to bilateral upper extremities and bilateral shoulder pain. Physical examination revealed an antalgic gait, decreased cervical range of motion, and painful range of motion of the right knee with medial and lateral joint line tenderness. Treatment recommendations on that date included a right knee neoprene brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE NEOPRENE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the patient is going to be stressing the knee under load. In all cases, braces need to be properly fitted and combined with a rehabilitation program. As per the documentation submitted, the injured worker's physical examination only revealed painful range of motion with medial and lateral joint line tenderness. There is no documentation of patellar instability, ACL tear, or MCL instability. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.