

Case Number:	CM14-0004986		
Date Assigned:	01/24/2014	Date of Injury:	08/28/2009
Decision Date:	06/20/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery 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 54-year-old male who reported an injury on 08/28/2009. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to the low back and left knee. The injured worker's chronic pain was treated with chiropractic care, acupuncture and medications. The injured worker was evaluated on 11/06/2013. It was documented that the injured worker had 8/10 left knee pain with restricted range of motion. The injured worker's diagnoses included left knee internal derangement and low back pain. The injured worker's treatment plan included acupuncture, shockwave therapy, chiropractic care, topical medication, a knee brace, a pain management referral, orthopedic referral and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: LEFT KNEE BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346-347.

Decision rationale: The clinical documentation does indicate that the injured worker has persistent left knee pain complaints; however, the American College of Occupational and Environmental Medicine recommends functional bracing as a part of a rehabilitation program. The clinical documentation submitted for review does not indicate that the injured worker is participating in any type of active therapy, either self-directed or supervised. There was no clear justification provided on how this brace will assist with functional improvements. There is no evidence of instability to support the need for prolonged immobilization. As such, the requested DME left knee brace is not medically necessary or appropriate.