

Case Number:	CM14-0100232		
Date Assigned:	07/25/2014	Date of Injury:	10/29/2012
Decision Date:	10/03/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal Medicine 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 59 year old female who suffered a work related injury on 10/29/12. The mechanism of injury is notes as holding onto a doorknob when the door was pulled and she sustained an injury to the right upper extremity and neck. Diagnoses are listed as right elbow, right shoulder, right wrist and right hand as well as neck pain and headaches. Most recent documentation submitted for review is dated 06/26/14. This is a handwritten note, the injured worker complains of severe frequent, constant and dull sharp pain. Physical examination revealed right shoulder discomfort as well as cervical spine and right elbow, right shoulder symptoms increased, difficulty filling out the paperwork because of pain, tender to palpation Scaphotrapeziotrapezoidal (SST) and SA joint, positive impingement test, range of motion is 146 degrees/41degrees/143 degrees/44 degrees/68 degrees/78 degrees, cervical spine examination revealed tenderness in her paraspinals, guarding noted, decreased range of motion, and right elbow examination noted tenderness with a medial and lateral epicondyle. Diagnoses include cervical spine sprain/strain with right upper radicular pain, right shoulder pain, right elbow medial and lateral epicondylitis, history of a right small finger fracture, right wrist sprain, and right knee. Prior utilization review on 06/06/14 was noncertified. Current request is for a left knee brace. The most recent documentation reviewed did not show evidence of any examination of the knee. There was no documentation of a ligamentous instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & 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 chapter, Knee brace

Decision rationale: The request for left knee brace is not medically necessary. The clinical documentation submitted does not support the request. The most recent documentation reviewed did not show evidence of any examination of the knee. There was no documentation of a ligamentous instability. The injured worker does not meet the criteria for the knee brace. Therefore, medical necessity has not been established.