

Case Number:	CM14-0105173		
Date Assigned:	07/30/2014	Date of Injury:	10/12/2006
Decision Date:	12/12/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is an injured worker with a date of injury of 10/12/06. A utilization review determination dated 6/24/14 recommends non-certification of custom knee brace. 6/11/14 medical report identifies numbness and tingling, with pain in the neck, low back, right shoulder, hip, knee, and foot, as well as the left hip and foot. The right knee gives out and the injured worker is said to have fallen a few times in the last week. She presented with a right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

OA Double Upright Custom Knee Brace and Components- Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

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

Decision rationale: Regarding the request for a custom knee brace and components, CA MTUS and ACOEM state that a brace can be used for "patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical." Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually

unnecessary. Within the documentation available for review, the provider notes that the injured worker has fallen, but there are no exam findings suggestive of any knee instability that would benefit from a brace. Furthermore, the documentation suggests that the injured worker already has a brace and there is no rationale presented identifying the medical necessity of an additional knee brace and/or the need for a custom knee brace rather than an off-the-shelf brace. In light of the above issues, the currently requested knee brace is not medically necessary.