

Case Number:	CM14-0012341		
Date Assigned:	04/09/2014	Date of Injury:	02/16/2011
Decision Date:	05/27/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Sports 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 reported an injury on 02/16/2011. The mechanism of injury was not provided for review. The injured worker reportedly sustained injury to multiple body parts. The injured worker's treatment history included right knee surgical intervention, physical therapy, aquatic therapy, immobilization of the knee joints bilaterally, and a TENS unit. The injured worker was evaluated on 12/17/2013. Physical findings included tenderness along the joint line and weakness to resisted function. The injured worker's diagnoses included internal derangement of the right knee, internal derangement of the left knee, low back sprain, and depression related to chronic pain. The injured worker's treatment plan included continuation of medications and an unloading brace for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT LOADING KNEE BRACE FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Brace.

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically address a weight unloading knee brace. Official Disability Guidelines recommend knee bracing for injured worker's with evidence of instability or ligament damage. The injured worker's most recent clinical evaluation did not adequately evaluate the injured worker's left knee to support deficits that would require a knee brace beyond what is currently being utilized by the injured worker. The treating physician did not provide any justification to support need for a weight unloading knee brace. There is no documentation of instability or evidence of ligament injury. Therefore, the requested weight unloading knee brace for the left knee is not medically necessary or appropriate.