

Case Number:	CM14-0110713		
Date Assigned:	09/16/2014	Date of Injury:	01/13/2012
Decision Date:	10/17/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/15/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 77 year old male who was injured on January 13, 2012. The diagnoses listed as chondromalacia of patella. The most recent progress note dated 5/30/14, reveals complaints of continued achy pain over the right knee. Prior treatment includes prior right knee surgery for meniscus tear, series of knee injections, currently uses a right knee brace which is wearing out, and medications. Physical examination revealed limited range of motion at 110 degrees, flexion to full extension, no instability, and ambulates with a limp. Current medications include Celebrex, Tylenol #3, and Norco. A prior utilization review determination dated 6/10/14 resulted in denial of right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, knee and leg, criteria for use of knee braces

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

Decision rationale: This is a 76 year old male claimant who has osteoarthritis in his right knee. The claimant has been afforded a right lateral hinged knee brace which he has worn for some time. The ODG holds that knee brace may be useful to relieve pain and yield confidence and support from falling. The current knee brace has been on the claimant for some time but is wearing out. The request is for the replacement knee brace of the functional type. This is reasonable given the claimant has been told that he is not currently a candidate for knee replacement surgery. Therefore the request is reasonable and necessary and is recommended.