MAXIMUS Federal Services

Case Number:	CM14-0124678		
Date Assigned:	09/25/2014	Date of Injury:	07/31/2013
Decision Date:	11/03/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/06/2014

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, and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 07/31/2013. The mechanism of injury was not specifically stated. The current diagnoses include lumbar spine discopathy, lumbar spine radiculitis, medial and lateral meniscus tear, ankle swelling and ankle sprain/strain. Previous conservative treatment is noted to include acupuncture, physical therapy and ice therapy. The injured worker was evaluated on 05/06/2014 with complaints of persistent left knee, left ankle and low back pain. The injured worker was reportedly participating in a course of acupuncture, which was helping to decrease swelling in the left lower extremity. Physical examination revealed positive Kemp's testing bilaterally, 3+ tenderness upon flexion and extension, decreased sensation in the L4-S1 dermatomes on the left, positive Patrick's testing on the left, positive straight leg raising on the left, tenderness over the anterior hip joint and greater trochanter, 2+ tenderness over the patellar region of the left knee, 1+ crepitus, tenderness of the medial joint line of the left knee, positive McMurray's testing on the left, pitting edema in the bilateral lower extremities, medial and lateral joint line tenderness of the left ankle, tenderness over the sinus tarsi on the left and swelling in the left foot. Treatment recommendations at that time included a left ankle brace and a left knee brace. There was no Request for Authorization submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of Left Knee Brace (Pro-Patella Stabilizer): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM
https://www.acoempracguides.org/Knee -Knee Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a brace is necessary only if the patient is going to be stressing the knee under load. A brace can be used for patellar instability, ACL tear or MCL instability. The injured worker does not maintain any of the above mentioned diagnoses. There was no documentation of instability upon physical examination. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically appropriate.

Left Ankle Brace (Unspecified if Rental or Purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
ACOEMhttps://www.acoempracguides.org/Ankle and Foot Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

Decision rationale: California MTUS/ACOEM Practice Guidelines state placing a joint at rest in a brace or a splint should be for as short a time as possible. Gentle exercise at the initial phase of recovery is desirable. There was no documentation of instability upon physical examination. As the California MTUS/ACOEM Practice Guidelines do not recommend immobilization the current request is not medically appropriate at this time.