

Case Number:	CM14-0125457		
Date Assigned:	08/11/2014	Date of Injury:	05/01/2014
Decision Date:	10/01/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 57 year old gentleman was reportedly injured on May 1, 2014. The mechanism of injury is undisclosed. The most recent progress note, dated June 16, 2014, indicates that there are ongoing complaints of neck pain, back pain, and bilateral knee pain. The physical examination demonstrated tenderness along the medial and lateral joint lines of knees as well as the peripatellar area, crepitus with range of motion, right knee had a positive drawer test and a positive pivot shift test, and range of motion was from 0 to 130 degrees. Diagnostic imaging studies of the right knee revealed moderate medial joint space narrowing. Previous treatment is unknown. A request was made for a custom right knee brace and was not certified in the preauthorization process on July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Knee Brace Right: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation, Integrated Treatment/Disability Duration Guidelines. Knee & Leg (Acute & Chronic) 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 and Leg, Knee Brace, Updated August 25, 2014.

Decision rationale: According to the Official Disability Guidelines use of a prefabricated knee brace is indicated for ligament insufficiency as well as a history of a reconstructed ligament. The injured employee does have a history of a previous anterior cruciate ligament (ACL) repair and there is ligamentous insufficiency documented on physical examination. However the criteria for a custom fabricated brace would include severe osteoarthritis, abnormal contour, or severe instability. As there is no documentation of these latter conditions, this request for a custom knee brace for the right knee is not medically necessary.