

Case Number:	CM14-0152680		
Date Assigned:	09/22/2014	Date of Injury:	06/06/2014
Decision Date:	11/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/18/2014

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 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 46-year-old female who reported an injury on 06/06/2014. The mechanism of injury involved a fall. The current diagnoses include rule out internal derangement of the left knee and grade 2 ankle sprain. The injured worker was evaluated on 07/28/2014. Previous conservative treatment is noted to include physical therapy and medication. The injured worker reported persistent right knee pain. Physical examination revealed slight tenderness to palpation of the medial joint line, 0 to 130 degree range of motion, and normal motor strength in the bilateral lower extremities. Treatment recommendations at that time included a custom knee brace. A Request for Authorization form was then submitted on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Left Knee Brace (Durable Medical Equipment DME): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 can be used for patellar instability, ACL tear, or MCL instability. In all cases, braces need to be properly fitted and combined with a rehabilitation program. There was no documentation of instability upon physical examination. There was also no documentation of a significant functional limitation. The medical necessity has not been established. Therefore, the request is not medically appropriate.