

Case Number:	CM14-0155715		
Date Assigned:	09/25/2014	Date of Injury:	01/23/2006
Decision Date:	10/27/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 is a 58-year-old female, who reported an injury on 02/23/2006. The mechanism of the injury was reportedly a slip and fall. Her diagnoses were hypertensive cardiovascular disease, renal insufficiency, chronic obstructive pulmonary disease, gastrointestinal injury, and chronic pain disorder. Her past treatments included surgeries and medications. Her diagnostics were not specified. Her surgeries included a right knee arthroscopy in 1996, a medial and lateral meniscal repair in 2008, and a partial medial meniscectomy and chondroplasty in 2009. The clinical note from 02/13/2014 did not show any subjective complaints. The physical examination revealed moderate edema to the anterior lower legs bilaterally. Her medications were listed as oxycodone 30 mg, Valium 5 mg, and Norco 10 mg. The treatment plan was for a ShortRunner knee brace. The rationale for the request and the Request for Authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shortrunner Knee Brace: 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 & Leg, Knee brace

Decision rationale: Based on the clinical information submitted for review, the request for Shortrunner Knee Brace is not medically necessary. As stated in the Official Disability Guidelines, knee braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. It was noted that the injured worker had left medial and lateral meniscal repairs along with a partial medial meniscectomy and chondroplasty. Although the injured worker does meet the criteria with a previous meniscal cartilage repair, it was unclear if she was going to use the brace in conjunction with a rehabilitation program, as is required by the guidelines. Also, there was a lack of details showing whether or not she was going to be stressing the knee under load. Furthermore, the request failed to provide which knee would require the brace, as she has history of bilateral knee surgeries. As such, the request for Shortrunner Knee Brace is not medically necessary.