MAXIMUS Federal Services

Case Number:	CM14-0028409		
Date Assigned:	06/16/2014	Date of Injury:	12/09/2009
Decision Date:	07/25/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 12/09/2009. She was reportedly getting on a step ladder and her left knee gave way, causing her to fall and twist her left leg. On 11/18/2013, the injured worker presented with persisting pain in the left knee with weakness, instability, and compensatory right knee pain. Upon examination of the left knee, there was slight effusion, diffuse tenderness, a positive Apley and a McMurray's signs. The diagnoses were a left knee sprain and contusion. No prior therapy was listed. The provider recommended a Neoprene knee brace. The provider's rationale was not provided. The request for authorization form was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One neoprene knee brace (sleeve): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

Decision rationale: The request for 1 Neoprene knee brace sleeve is non-certified. The ACOEM/California MTUS Guideline recommends a short period of immobilization after an

acute injury to relieve symptoms. The injured worker has already surpassed the acute stage of injury. As the guidelines do not recommend prophylactic braces, and the injured worker surpassed the acute stage of the injury, the Neoprene knee brace would not be warranted. As such, the request is non-certified.