

Case Number:	CM14-0028809		
Date Assigned:	06/20/2014	Date of Injury:	03/14/2006
Decision Date:	11/26/2014	UR Denial Date:	02/24/2014
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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 40 year old female who sustained an industrial injury on 03/14/2006. His diagnoses include low back pain, post-laminectomy syndrome, and lumbar disc disease without myelopathy, thoracic neuritis/radiculitis, and lumbago. He complains of low back pain and recently bilateral knee pain. There are no physical exam findings related to the knees. Treatment in addition to surgery has included medical therapy with opiates, physical therapy epidural steroid injections, evaluation by pain management, and implantation of a pain pump. The treating provider has requested durable medical equipment (DME) left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) left knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Pain.

Decision rationale: There is no documentation provided necessitating the requested knee brace. In general braces are discouraged unless required for a specific purpose such as for immobilization, after certain surgical procedures, or in conjunction with a rehabilitation program.

They tend to promote dependence and deconditioning. Medical necessity for the requested item is not established. The requested item is not medically necessary.