

Case Number:	CM14-0038816		
Date Assigned:	06/27/2014	Date of Injury:	09/13/2011
Decision Date:	08/14/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 35-year-old female who reported an injury to her right knee. The injured worker stated that the initial injury occurred on 09/13/11 when she was exiting a restroom that was wet. The injured worker described a slip and fall onto a table. The injured worker fell forward onto her knees resulting in a right knee injury. The clinical note dated 10/03/11 indicates the injured worker complaining of 5-8/10 pain at the right knee. The injured worker was able to demonstrate 0 to 110 degrees of range of motion at the right knee. The clinical note dated 10/14/13 indicates the injured worker complaining of pain at several sites to include both knees and the low back. The note indicates the injured worker having undergone physical therapy for the knee as well as acupuncture which did provide a degree of relaxation. The injured worker also underwent one injection at the right knee. The injured worker was recommended for the use of a right knee brace with a patellar opening. There is an indication the injured worker is utilizing a brace but it is uncomfortable. The clinical note dated 02/10/14 indicates the injured worker continuing with right knee pain with an altered gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace: Upheld

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

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 Chapter, Knee brace.

Decision rationale: The documentation indicates the injured worker complaining of right knee pain with associated range of motion deficits. The use of a brace is indicated at the knee provided the injured worker meets specific criteria to include the current brace is no longer viable. There is an indication the injured worker has been instructed to use a knee brace on the right. However, no information was submitted regarding the state of the present brace. Additionally, there is no information regarding the injured worker's compliance with the use of the current brace. Therefore, it is unclear if the injured worker would benefit from an additional knee brace at this time. The request for a right knee brace is not medically necessary.