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| Case Number: | CM14-0046043 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 12/03/2007 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 03/14/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 12/3/07. A utilization review determination dated 3/14/14 recommends non-certification of left and right knee brace. A 1/9/14 medical report identifies increased pain and numbness bilateral knees. The left knee brace was put in dryer accidentally and it no longer works. On exam, there is unspecified tenderness. There is decreased range of motion in the lumbar, right shoulder, and bilateral knee. Knee braces were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Regarding the request for a left knee brace, the California MTUS and ACOEM state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is typically

unnecessary. Within the documentation available for review, there is no indication of an unstable knee, the need to stress the knee under load, and/or another clear rationale for a brace. In the absence of such documentation, the currently requested left knee brace is not medically necessary.

Right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Regarding the request for a right knee brace, the California MTUS and ACOEM state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is typically unnecessary. Within the documentation available for review, there is no indication of an unstable knee, the need to stress the knee under load, and/or another clear rationale for a brace. In the absence of such documentation, the currently requested right knee brace is not medically necessary.