

Case Number:	CM14-0049271		
Date Assigned:	06/25/2014	Date of Injury:	05/13/2011
Decision Date:	08/14/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/25/2014

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 Nevada. 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 records presented for review indicate that this 58 year-old male was reportedly injured on May 13, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 12, 2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated a slight degree of loss of range of motion (100), a stable need to varus and valgus stress and a positive McMurray's. Diagnostic imaging studies objectified changes consistent with the prior partial medial meniscectomy, no acute tears noted, a grade three chondral Fisher, and patellar on a malicious. Previous treatment includes arthroscopy, medications, postoperative rehabilitation. A request had been made for a neoprene compression sleeve and was not certified in the pre-authorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neoprene Compression Sleeve Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg.

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

Decision rationale: As noted in the guidelines, these types of braces have not demonstrated any significant efficacy and have not delayed surgical intervention. Given the date of injury, the findings on physical examination, the pathology present there is no clinical indication or medical necessity established for this type of the sleeve. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.