

Case Number:	CM14-0065503		
Date Assigned:	07/11/2014	Date of Injury:	06/27/2001
Decision Date:	09/18/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/08/2014

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 the injured worker is a 56-year-old individual who was reportedly injured on 6/27/2001. The mechanism of injury was noted as a direct blow to the leg. The most recent progress note, dated 2/19/2014, indicated that there were ongoing complaints of neck pain, hip and knee pains. The physical examination demonstrated cervical spine positive tenderness to palpation to the right paracervical musculature approximately C5-C6 on the posterior aspect, with slight pain to palpation. Range of motion was 45 of flexion, 45 extension, 35 of rotation, and lateral flexion 15-20 . Lumbar spine showed back flexion of 85 , extension 25, and side bending 15 . There is normal range of motion of the shoulder, elbow, and wrist. Normal range of motion of the hip, knee, and ankle. Bilateral upper extremity 5/5. Bilateral lower extremity 5/5. Sensation intact to light touch. Cervical spine x-rays revealed internal fusion C3-C7 ACDF. Previous treatment included cervical spine surgery, bilateral knee replacement, medications, and conservative treatment. A request had been made for knee orthotic adjust joint position rigid support, quantity 2 and was not certified in the pre-authorization process on 4/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Orthotic Adjust Joint Position Rigid Support, quantity two: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition.

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

Decision rationale: ACOEM guidelines state a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee underload, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. After review of the medical records provided, there was no documentation of instability noted. Therefore, the request for a knee orthotic adjust joint position rigid support, quantity two are not medically necessary and appropriate.