

Case Number:	CM14-0070073		
Date Assigned:	07/16/2014	Date of Injury:	08/17/2013
Decision Date:	08/26/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 33-year-old male with an 8/17/2013 date of injury. A specific mechanism of injury was not described. A 5/8/14 determination was non-certified given not specific condition noted in the record for which the supports would be indicated. 2/11/14 progress report identify symptoms and clinical findings in multiple body parts. Specifically regarding the knees, there was pain rated 7/10 on the right and 6/10 on the left, increased from 4/10 on previous visit. Exam revealed knees with grade 2 tenderness to palpation, which had remained the same since last visit. There was numbness in the right leg. The provider recommends a right knee support due to increased pain. Diagnoses pertaining to the knees include knee strain/sprain, rule out internal derangement. Treatment to date includes medication, activity modification, and physical therapy. It should be noted that the patient was placed on full duty on 9/24/13 and on the most recent report identify that the same level of work was recommended. The 9/24/13 report also indicated that the patient's usual work duties required driving to different locations, reading meters, and turning off services for clients. include continuous sitting, intermittent walking, standing, bending, squatting, climbing lader, kneeling, and twisting. It was also noted that the heavist item carried is up to 40 to 50 pounds for 10 to 15 feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee supports: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346-347.

Decision rationale: The MTUS states that a brace can be used for patellar instability, ACL ligament tear, or medial collateral ligament instability. There was no indication in the medical records of any of the conditions cited above that would prompt the use of a brace. However, CA MTUS also state that 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. It was noted that the patient was placed on full duty on September 2013 and the same work status remained as of February 2014. The 9/24/13 report indicated that the patient's usual work duties required driving to different locations, reading meters, and turning off services for clients, with continuous sitting, intermittent walking, standing, bending, squatting, climbing ladder, kneeling, and twisting. It was also noted that the heaviest item carried was up to 40 to 50 pounds for 10 to 15 feet. However, the provider recommended a brace only for the right knee. There was no indication from the requesting provider of the need for bilateral knee braces. Given inability to provide a modified certification for a right knee brace, as requested by the provider, the bilateral knee braces request did not meet medical necessity.