

Case Number:	CM14-0083032		
Date Assigned:	07/21/2014	Date of Injury:	03/22/2012
Decision Date:	09/03/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/04/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 69-year-old female who reported an injury on 05/22/2012 due to cumulative trauma. On 07/08/2013 the injured worker presented with a dull, aching, sharp pain to the right knee. Upon examination of the right knee and lower extremity there were no scars, but significant swelling. The examination of the patellofemoral joint revealed moderate crepitus with moderate pain and evidence of slight patellofemoral malalignment consistent with quadriceps weakness due to deconditioning. Examination of the lateral parapatellar soft tissues revealed slight tenderness, and examination of the medial parapatellar soft tissue revealed moderate tenderness. There was a positive McMurray's test in the medial compartment. The diagnoses were a strain of the right knee, moderate, chronic, secondary to the subject specific industrial injury of 05/22/2012, degenerative osteoarthritis of the right knee, tear of the medial meniscus of the right knee, and no evidence of compensable consequence injury of the left knee. The provider recommended a right knee brace. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment - right knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337.

Decision rationale: The request for durable medical equipment - right knee brace is non-certified. The California MTUS/ACOEM Guidelines state that immobilizers are recommended if needed for meniscus tears or collateral ligament strain. The provider's rationale for a right knee brace was not provided. Additionally, there was lack of evidence of a diagnosis congruent with the guideline recommendation of a knee brace. As such, the request is non-certified.