

Case Number:	CM14-0086699		
Date Assigned:	07/23/2014	Date of Injury:	10/28/2012
Decision Date:	10/16/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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, Pain Medicine and is licensed to practice in Texas. 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 50 year old female whose date of injury is 10/28/2012. The injured worker reported gradual onset of left knee pain while working. The injured worker underwent left knee arthroscopy on 12/20/13 which showed advanced osteoarthritis to the medial joint space as well as patellofemoral osteoarthritis grade 2. Note dated 03/10/14 indicates that range of motion is 0-120 degrees. Note dated 04/21/14 indicates that she has significant tenderness to medial and lateral compartments. Range of motion is 0-120 degrees. She ambulates with an antalgic gait. She also has positive patellofemoral crepitation and grind. The injured worker was recommended for unloader brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) -Defiance OA Custom Brace L2755: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee brace

Decision rationale: Based on the clinical information provided, the request for durable medical equipment defiance OA custom brace L2755 is not recommended as medically necessary. There is no current, detailed physical examination submitted for review and no updated radiographic reports/imaging studies have been provided. The most recent clinical report submitted for review is from April. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.

Durable Medical Equipment (DME) -Defiance OA Custom Brace L2425: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee brace

Decision rationale: Based on the clinical information provided, the request for durable medical equipment defiance OA custom brace L2425 is not recommended as medically necessary. There is no current, detailed physical examination submitted for review and no updated radiographic reports/imaging studies have been provided. The most recent clinical report submitted for review is from April. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.

Durable Medical Equipment (DME) -Defiance OA Custom Brace L1846: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee brace

Decision rationale: Based on the clinical information provided, the request for durable medical equipment defiance OA custom brace L1846 is not recommended as medically necessary. There is no current, detailed physical examination submitted for review and no updated radiographic reports/imaging studies have been provided. The most recent clinical report submitted for review is from April. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.