

Case Number:	CM14-0205328		
Date Assigned:	12/17/2014	Date of Injury:	04/15/2006
Decision Date:	02/09/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine 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:

The injured worker (IW) is a 56-year-old man with a date of injury of April 15, 29006. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical region disc disorder, unspecified; internal derangement right knee, unspecified; adhesive capsulitis, right knee, and left shoulder rotator cuff syndrome. Pursuant to the progress report dated October 6, 2014, the IW complains of right knee pain rated 5/10. The symptoms affect the injured worker's sleep, and activities of daily living. The IW ambulates with an antalgic gait. There is no discussion regarding assistive devices. Physical examination of the right knee reveals surgical incisions, scarring, and patellofemoral crepitus. The IW underwent surgery of the right knee, as he had surgical scars, however, the type of surgery was not specified. The IW is not currently taking any medications. The IW is waiting for authorization of manipulation of the right knee under anesthesia. The current request is for right knee brace (sleeve) for support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Brace (Sleeve) for support: Upheld

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

Decision rationale: Pursuant to the Official Disability Guidelines, right knee support is not medically necessary. The criteria for use of knee braces are enumerated in the Official Disability Guidelines. Prefabricated knee braces may be appropriate with knee instability; ligament insufficiency; reconstructive ligament; articulate defect repair; meniscal cartilage repair; etc. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are right internal derangement, unspecified and right knee adhesive capsulitis. The injured worker was waiting for authorization for manipulation under anesthesia of the right knee. The worker underwent surgery of the right knee, however, the type of surgery is unclear and not specified. Reportedly, the injured worker failed over six weeks of conservative care treatment with 30 physical therapy visits. A progress note dated October 6, 2014 states the injured worker is not currently taking any medications. Under the objective section of the physical examination the injured worker is no acute distress and ambulates. There is no discussion of an assistive device with ambulating. There were no clinical signs of instability noted in the medical record. There was however, surgical incisions, scarring and patellofemoral crepitus. Consequently, absent the appropriate clinical indications with supporting documentation for a knee brace, right knee support is not medically necessary.