

Case Number:	CM15-0009066		
Date Assigned:	01/27/2015	Date of Injury:	06/01/2012
Decision Date:	04/06/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 30 year old male injured worker suffered and industrial injury on 6/1/2012. The diagnoses were left knee meniscal tear. The diagnostic studies were left knee magnetic resonance imaging on 5/9/2013. The treatments were medications, knee brace, cane, physical therapy, TENS unit and steroid injections. The treating provider reported continued pain in the left knee. He had been using a cane for walking; however, it had resulted in increased weakness on the left leg. He had a prior physician prescribe a knee brace that is now wearing out and requested a replacement. On exam the gait is impaired and diminished strength in the quadriceps on the left. The Utilization Review Determination on 12/16/2014 non-certified Purchase of left knee brace with Velcro supports, citing MTUS, ACOEM, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of left knee brace with Velcro supports: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee, brace.

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

Decision rationale: According to MTUS guidelines, a knee brace is recommended for a short period of immobilization after an acute injury to relieve symptoms. It should be prescribed as a part of a rehabilitation program. There is no documentation of acute injury or a rehabilitation program for this patient. Therefore, the prescription of Purchase of left knee brace with Velcro supports is not medically necessary.