

Case Number:	CM15-0010555		
Date Assigned:	01/28/2015	Date of Injury:	09/17/2007
Decision Date:	04/06/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 68 year old male, who sustained an industrial injury on 9/17/2007. The diagnoses have included status post left knee arthroscopy times two with residual pain and sleep disorder. Treatment to has included medication. According to the Primary Treating Physician's Progress Report dated 12/23/2014, the injured worker was status post left knee arthroscopy times two performed in 2009 and 2010 with residual pain. He rated the pain as 8/10. The injured worker stated that medications offered him temporary relief of pain and improved his ability to have restful sleep. Physical exam revealed an antalgic gait. Exam of the left knee showed two plus effusion and tenderness to palpation over the medial and lateral joint lines and at the patella-femoral joint. Per the treatment plan the injured worker was waiting to receive a medium open patella left knee brace. The injured worker was to undergo a course of physical therapy, chiropractic and acupuncture for the left knee. On 1/5/2015, Utilization Review (UR) non-certified a request for DME: Left knee open patella brace with metal stays Medium. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee open patella brace with metal stays, medium: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Knee brace.

Decision rationale: The injured worker sustained a work related injury on 9/17/2007. The medical records provided indicate the diagnosis of status post left knee arthroscopy times two with residual pain and sleep disorder. Treatment to has included medication. The medical records provided for review do indicate a medical necessity for Left knee open patella brace with metal stays, medium. The MTUS recommends the use of functional bracing, but recommends the use of prophylatic bracing or prolonged bracing for ACL tear. The Official Disability Guidelines states, "There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process."