

Case Number:	CM15-0019241		
Date Assigned:	02/09/2015	Date of Injury:	02/19/2013
Decision Date:	04/01/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on February 19, 2013. She has reported right knee pain. The diagnoses have included right knee pain with lateral meniscus tear. Treatment to date has included medications and physical therapy. A progress note dated January 8, 2015 indicates a chief complaint of continued right knee pain. Physical examination at that time noted no significant changes. A complete physical examination on April 28, 2014 noted right knee tenderness on palpation, slight swelling, decreased range of motion and strength, and an antalgic gait. The treating physician is requesting a brace for the right knee. On January 22, 2015 Utilization Review denied the request for the knee brace citing the American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for right knee pain with a lateral meniscus tear. The treating provider documents a history of multiple falls and requests the brace for stability. In this case, applicable criteria for obtaining a prefabricated knee brace include when there is instability as in this case. However, whether a prefabricated or custom brace is being requested is unknown. Therefore the brace as being requested was not medically necessary.