

Case Number:	CM15-0130144		
Date Assigned:	09/01/2015	Date of Injury:	01/31/2005
Decision Date:	10/06/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female, who sustained an industrial injury on 1-31-05. The diagnoses have included lumbosacral strain and sprain rule out lumbosacral radiculopathy, Treatment to date has included medications, activity modifications, off work, diagnostics, and other modalities. Currently, as per the physician progress note dated 5-19-15, the injured worker complains of constant low back pain, constant right knee pain with burning sensation and constant right foot pain with tingling and numbness. The current medications included Anaprox, Norco, Ambien and Prilosec. There are no diagnostic reports noted in the records. There is no previous therapy sessions noted. The objective findings-physical exam reveals that the right knee was medially tender and the lumbar spine was tender with muscle spasms. The physician notes that he recommends right knee brace due to instability and weakness of the knee. The physician requested treatment included Hinged Knee Brace for the Right Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged Knee Brace for the Right Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC 2014, Online Version, Knee Chapter, Criteria for the use of Knee Braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 304. Decision based on Non-MTUS Citation ODG, Knee Chapter, Brace.

Decision rationale: The patient presents with neck, right knee, right hand, bilateral shoulder, right foot, left wrist, low back pain and headache. The current request is for a hinged knee brace for the right knee. The treating physician's report dated 05/19/2015 (15B) states, "Need to request authorization for right knee brace due to weakness and instability of the knee." The ACOEM Guidelines page 304 states that a brace can be used for patellar instability, anterior cruciate ligament tear or medial collateral ligament instability, although its benefits may be more of emotional than medical. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG further states that braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. No MRI reports of the knee were made available. There is no documentation that the patient has received any knee brace in the past. The patient does have documented weakness and instability. The current request is medically necessary.