

Case Number:	CM15-0131636		
Date Assigned:	07/17/2015	Date of Injury:	02/29/2012
Decision Date:	08/18/2015	UR Denial Date:	06/29/2015
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: Indiana, Michigan, California
Certification(s)/Specialty: Family Practice

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 48-year-old female who sustained a work related injury on February 29, 2012. Diagnoses include mild osteoarthritis, partial tear of the lateral collateral ligament and sprain of the knee and leg. Treatment has involved orthopedic evaluation with cortisone injection, physical therapy, brace and medication. MRI of the right knee completed on March 13, 2015 showed mild osteoarthritis, prepatellar and infrapatellar subcutaneous edema, trace effusion and partial tear of the lateral collateral ligament. Request is for a custom CTI right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom CTI right knee brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter knee and leg Knee Brace.

Decision rationale: Specific criteria for the use of knee braces are outlined in the Official Disability Guidelines (ODG). Records reviewed failed to reveal the criteria needed for the use of a custom CTI right knee brace. Therefore, the request for a custom CTI right knee brace is not medically necessary and appropriate.