

Case Number:	CM15-0133739		
Date Assigned:	07/21/2015	Date of Injury:	10/31/2012
Decision Date:	08/24/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/10/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 32 year old male, who sustained an industrial injury on October 31, 2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic regional pain syndrome of the right lower extremity, chronic myofascial pain syndrome, and bladder incompetence. Treatment and diagnostic studies to date has included use of a spinal cord stimulator, use of a right knee brace, use of a cane, and medication regimen. In a progress note dated May 21, 2015 the treating physician reports complaints of low back pain that was noted to have improved with the use of a spinal cord stimulator, a decrease in pain to the right knee and lower extremity secondary to the use of a spinal cord stimulator, and difficulty with bladder function secondary to an increase in the intensity of the spinal cord stimulator. The treating physician requested a replacement of the right knee brace with the treating physician noting that the current right knee brace that injured worker's uses is irritating his right leg and has found a knee brace that does not irritate his knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of the right knee brace: Upheld

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

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

Decision rationale: Guidelines recommend a brace for patellar instability, ACL tear or medial collateral ligament instability. A brace is usually only necessary if stressing the knee under a load. For most patients, using a brace is usually unnecessary. In this case, there is no indication that the patient had instability and no indication that the current knee brace could not be readjusted or repaired. The request for replacement of right knee brace is not medically appropriate and necessary.