

Case Number:	CM15-0133797		
Date Assigned:	07/22/2015	Date of Injury:	10/31/2012
Decision Date:	08/18/2015	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: Arizona, 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 32 year old male, who sustained an industrial injury on 10/31/2012, resulting from a motor vehicle accident. The injured worker was diagnosed as having right lower extremity complex regional pain syndrome, status post permanent spinal cord stimulator implantation in 10/2014, cervical musculoligamentous sprain-strain, lumbar musculoligamentous sprain-strain secondary to abnormal gait, adjustment disorder with depressed mood, and incontinence. Treatment to date has included diagnostics, acupuncture, aquatic therapy, mental health treatment, and medications. Currently, the injured worker complains of worsening incontinence and now wearing a condom catheter continuously. Exam noted a right knee brace with profound right leg atrophy and intermittent edema. There was global weakness and dysesthesias in the right medial foot in a stocking-glove distribution. The treatment plan included replacement of his right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace for replacement (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Knee braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 403.

Decision rationale: According to the guidelines, knee immobilization is recommended for short periods after an acute injury. Functional bracing for rehabilitation is optional. Long-term use of bracing is not recommended. In this case, the claimant's injury was remote, purchasing of a brace implies long-term use which is not recommended. The claimant had a prior knee brace and there was noted atrophy likely from prior long-term use. There was no mention of rehabilitation with the knee brace. The request for a replacement knee brace is not medically necessary.