

Case Number:	CM15-0142129		
Date Assigned:	07/31/2015	Date of Injury:	07/25/2013
Decision Date:	09/04/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/22/2015

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 49-year-old female, who sustained an industrial injury on July 25, 2013, incurring neck, low back and knee injuries after a bus accident. She was diagnosed with patellar tendonitis, internal derangement of the right knee, facet arthropathy, sacroiliac and cervical strain. Treatment included physical therapy, pain medications, neuropathic medications, muscle relaxants, knee brace and home exercise program. Currently, the injured worker complained of low back pain with right leg numbness and tingling. She also noted upper neck and cervical pain. The injured worker complained of right knee pain and stiffness when sitting and standing. She had limited range of motion of the right knee. The treatment plan that was requested for authorization included a 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg-Knee brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee/Leg, and Knee Brace.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Right knee brace. The treating physician states in the hand written and partially legible report dated 6/27/15, "DME: R brace knee." (5C) The ODG Guidelines support knee braces if the patient has knee instability, ligament deficiency, reconstructed ligaments, articular defect repair, avascular necrosis, cartridge repair, painful failed total knee arthroplasty, or painful osteoarthritis. In this case, the treating physician has only documented that the patient is having knee pain. There is no documentation that the patient is experiencing any knee instability or if the patient has had prior knee surgery. The current request is not medically necessary.