

Case Number:	CM15-0147348		
Date Assigned:	08/10/2015	Date of Injury:	11/18/2002
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old female, who sustained an industrial injury on November 18, 2002. Treatment to date has included durable medical equipment, diagnostic imaging, anti-depressants and NSAIDS. Currently, the injured worker complains of severe low back pain with radiation of pain into the bilateral lower extremities and neck pain with radiation of pain into the bilateral upper extremities. The injured worker reports that her knee braces are too small for appropriate use and notes that the knee braces help decrease her knee pain. On physical examination the injured worker has an antalgic gait and uses a walker for ambulation. She has normal muscle tone in the bilateral lower extremities and no swelling is noted. The diagnoses associated with the request include cervicobrachial syndrome, sciatica, lumbar disc displacement without myelopathy, and lumbago. The treatment plan includes new bilateral knee braces, Zolof and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Larger) sized to fit right knee brace: 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 (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. Although the injured worker does have documentation of a meniscal tear, this injury was more than 10 years ago. There is no recent documentation of instability in the knee. The request for (Larger) sized to fit right knee brace is not medically necessary.