

Case Number:	CM15-0167146		
Date Assigned:	09/04/2015	Date of Injury:	04/18/1982
Decision Date:	10/07/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/25/2015

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

Certification(s)/Specialty: Internal 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 56 year old male who sustained an industrial injury on 4-18-82 .In a progress report dated 6-15-15, the physician notes the injured worker received a Synvisc One Viscosupplementation injection to the left knee this visit. The previous injection was on 12-11-14, has begun to wear off and he is experiencing symptoms of achiness, stiffness, pain and swelling with prolonged weight bearing activities. Examination of the left knee is positive for patellofemoral crepitation and grind. The assessment is grade 3 anterior cruciate ligament tear of the left knee, history of anterior cruciate ligament reconstruction-6-2012, status post viscosupplementation to the left knee x3 with excellent relief of symptoms. Previous treatment includes transcutaneous electrical nerve stimulation, physical therapy, self directed stretching and strengthening exercises, surgery, Synvisc One viscosupplementation, and oral anti-inflammatories. The requested treatment is a custom brace for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 custom brace for the left knee: Upheld

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

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

Decision rationale: There is no documentation necessitating a custom brace for the left knee. According to ODG, a knee brace is indicated if there is evidence of knee instability. There was no evidence of left knee instability documented on physical exam. Evidence-based guidelines necessitate documentation of a diagnosis or a condition such as, knee instability or meniscal cartilage repair. The claimant can use an over the counter knee brace for support. There is no specific indication for the requested custom knee brace. Medical necessity for the requested custom left knee has not been supported or established. The requested item is not medically necessary.