

Case Number:	CM15-0167896		
Date Assigned:	09/08/2015	Date of Injury:	02/20/2012
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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 43 year old male who sustained an industrial injury on 2-20-12. He had complaints of low back pain. Treatments include medication, physical therapy, chiropractic, acupuncture and radio-frequency ablation. Progress report dated 7-31-15 reports continued complaints of lower back pain with radiation of pain to the right lower extremity. He states that the back brace relieves the pain and he is not wearing a right knee brace but would like one. Diagnoses include: spondylosis lumbosacral and acquired spondylolisthesis. Plan of care includes: evaluated ongoing medication therapy, urine screen obtained, request gym membership and right knee brace. Follow up in 4 weeks. Work status: permanent and stationary - working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg chapter - Braces.

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

Decision rationale: The patient presents with pain affecting the low back with radiation to the right lower extremity. The current request is for Right knee brace. The treating physician report dated 7/31/15 (28B) states, "Additionally we will request for right knee brace as he does have radiation of pain from his lower back into his right lower extremity, this will provide both stability and support." The report goes on to state (25B), "He does have radiation of lower back pain into his right lower extremity, this is made better with a supportive device. He does not have a right knee brace at this time but would be interested in obtaining one." The MTUS guidelines do not address the current request. The ODG guidelines recommend a knee brace for instability of the knee. In this case, the treating physician is requesting a knee brace in order to provide stability and support for the patient's right knee. Furthermore, the patient was recommend to continue with a self-guided exercise program and a knee brace will allow the patient to safely continue with the recommended home exercises. The current request is medically necessary.