

Case Number:	CM15-0168022		
Date Assigned:	09/08/2015	Date of Injury:	07/12/2010
Decision Date:	10/07/2015	UR Denial Date:	07/24/2015
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: North Carolina

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 60 year old male who sustained an industrial injury on 07-12-10. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not available. Current complaints include mid low back pain, bilateral knee pain, and throat irritation. Current diagnoses include thoracic sprain and strain, knee sprain and strain, and radiculopathy. In a progress note dated 07-096-15 the treating provider reports the plan of care as acupuncture, nerve conduction studies of the bilateral lower extremities, x-rays and MRIs of the lumbar and thoracic spines and bilateral knees, a medication consultation, a functional capacity evaluation, a TENS unit, an ear nose and throat consultation for throat irritation, and bilateral double hinged knee braces. The requested treatment includes bilateral double-hinged knee braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Double Hinged Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee
Complaints Page(s): 338.

Decision rationale: The ACOEM chapter on knee complaints states: In table 13-3, bracing is only recommended for meniscal tears, collateral ligament strains and ACL injury. The patient does not have any of these documented diagnoses and therefore the request is not medically necessary.