

Case Number:	CM15-0181201		
Date Assigned:	09/22/2015	Date of Injury:	09/29/2012
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54-year-old female with a date of injury of September 29, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder impingement syndrome, thoracic strain, and right hip strain. Medical records dated July 9, 2015 indicate that the injured worker complains of pain in the right knee, right shoulder, interscapular musculature, and thoracic spine. The physical exam reveals full range of motion of the right shoulder, tenderness to the paraspinal muscles of the thoracic spine, and tenderness in the subacromial space. There were no objective findings or past treatments regarding the injured worker's knee documented in the records submitted for review. The original utilization review (August 20, 2015) non-certified a request for a right knee sleeve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective right knee sleeve for DOS 7/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee brace.

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

Decision rationale: The claimant sustained a work injury in September 2012 when she slipped on a wet floor falling onto her right knee with injury to the knee, back, wrist, and right shoulder. When seen, she was having right knee and shoulder pain and pain in the thoracic spine and interscapular muscles. Physical examination findings included thoracic paraspinal muscle tenderness and right shoulder subacromial tenderness. A subacromial injection was performed. She requested a right knee sleeve, which was provided. A prefabricated knee brace may be appropriate in a patient with knee instability, or after ligament reconstruction, articular defect or meniscal repair, tibial plateau fracture, or high tibial osteotomy, or in the setting of pain after a failed total knee arthroplasty, or when there is a diagnosis of avascular necrosis or painful unicompartamental osteoarthritis. process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, none of these conditions is supported by the information provided. An adjunctive rehabilitation program is not being planned and the claimant would not be expected to be required to stress the knee under loading forces. The requested brace is not considered medically necessary.