

Case Number:	CM15-0182746		
Date Assigned:	09/23/2015	Date of Injury:	11/08/2013
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/17/2015

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 48 year old male, who sustained an industrial injury on November 8, 2013, incurring neck, head, and low back injuries. He was diagnosed with a neck sprain, lumbar sprain, thoracic neuritis and radiculitis. Treatment included physical therapy, aqua therapy, pain medications, muscle relaxants, anti-inflammatory drugs, acupuncture, psychotherapy, and activity restrictions and modifications. Currently, the injured worker complained of ongoing pain radiating down into the leg with numbness and tingling, joint dislocation, loss of strength, and limited range of motion of the right knee. Magnetic Resonance Imaging of the right knee on December, 28, 2014, revealed internal degeneration of the medial meniscus, lateral meniscus tear, knee joint effusion and osteophyte formation at the lateral femoral condyle. On April 8, 2015, the injured worker underwent a right knee arthroscopy with partial medial meniscectomy, synovectomy and chondroplasty. The treatment plan that was requested for authorization on September 17, 2015, included a right knee hinged brace postoperatively. On September 1, 2015, a request for a right knee hinged brace post-operatively was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Hinged Brace Post-Op: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Leg & Knee Chapter, Knee brace.

Decision rationale: The patient presents with right knee pain. The current request is for post-op right knee hinged brace. Patient is post right knee arthroscopy with partial medial meniscectomy, synovectomy and abrasion chondroplasty, 4/8/15. The treating physician request on 8/19/15 (546C) "authorization for DME right knee brace and regular cane" and also notes the patient has arthritis of the right knee. ODG guidelines indicate that knee braces may be appropriate in patients who meet certain criteria, however, there are different criteria specific to pre-fabricated or custom fabricated knee braces. In this case, the treating physician has not documented whether the brace would be pre-fabricated or custom fabricated and there is no clinical rationale provided to support the medical necessity for the non-specific request. The current request is not medically necessary.