MAXIMUS Federal Services

Case Number:	CM15-0186639		
Date Assigned:	09/28/2015	Date of Injury:	06/28/2013
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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, Tennessee
Certification(s)/Specialty: Emergency 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 a 40 year old female, who sustained an industrial-work injury on 6-28-13. She reported initial complaints of right knee, neck, shoulder, and lower back pain. The injured worker was diagnosed as having cervical and lumbar degenerative disc disease, cervical radiculopathy, left shoulder rotator cuff tear and tendinitis, and right knee pain. Treatment to date has included medication, diagnostics, physical therapy, and chiropractic sessions. X-rays on 6-22-15 of the right knee reported well preserved joint space and the patella was in the normal position, mild fullness over the suprapatellar fossa suggesting mild effusion. Currently, the injured worker complains of persistent neck, shoulder, lower back, and right knee pain. Severity is 5 out of 10 for low back and neck. Medication includes Norco. Per the primary physician's progress report (PR-2) on 8-21-15 exam demonstrated diffuse tenderness to the right knee, mild swelling, pain with flexion and extension of the right knee. There is also tenderness and spasm on lumbar paraspinal muscles, stiffness, with range of motion, tenderness to bilateral facetal joints, sensory touch normal bilateral lower extremity strength 5 out of 5 to lower extremities, tenderness to left acromioclavicular joint, tenderness over the cervical paraspinal muscles with stiffness. Current plan of care includes knee brace and sleeve to lower extremity. The Request for Authorization requested service to include Suspension sleeve, addition to lower extremity. The Utilization Review on 8-25-15 denied the request for Suspension sleeve, addition to lower extremity, per Official Disability Guidelines (ODG), Knee & Leg Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suspension sleeve, addition to lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

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: Knee brace.

Decision rationale: Suspensions sleeve is a type of knee brace. Knee braces are recommended for the following conditions: 1. Knee instability. 2. Ligament insufficiency/deficiency. 3. Reconstructed ligament. 4. Articular defect repair. 5. Avascular necrosis. 6. Meniscal cartilage repair. 7. Painful failed total knee arthroplasty. 8. Painful high tibial osteotomy. 9. Painful unicompartmental osteoarthritis. 10. Tibial plateau fracture In this case there is insufficient documentation in the medical record to support the presence of any of the above conditions. Medical necessity has not been established. The request is not medically necessary.