

Case Number:	CM15-0189427		
Date Assigned:	09/30/2015	Date of Injury:	11/18/2013
Decision Date:	11/12/2015	UR Denial Date:	08/23/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 44 year old male sustained an industrial injury on 11-18-13. Documentation indicated that the injured worker was receiving treatment for lumbar disc protrusions with stenosis, spondylosis and radiculopathy and right knee sprain and strain. Previous treatment included physical therapy, chiropractic therapy, aqua therapy, epidural steroid injections, interferential unit and medications. Magnetic resonance imaging right knee (6-4-15) showed a tear of the posterior horn of the meniscus and a questionable small focal tear of the peripheral tibial articular surface of the body of the meniscus. In a PR-2 dated 6-10-15, the injured worker reported that medications and the home interferential unit had been helping his symptoms. The injured worker complained of ongoing low back pain and right lower extremity pain associated with numbness and tingling. Physical exam was remarkable for lumbar spine with tenderness to palpation over the right paraspinal musculature, mild atrophy of the right leg, right knee with tenderness to palpation over the medial knee joint with positive McMurray's test and 5 out of 5 motor strength. The treatment plan included continuing aqua therapy, chiropractic therapy evaluation and treatment, continuing home exercise and use of interferential unit and a knee brace. On 8-21-15, Utilization Review noncertified a request for a right arthroscopic knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a right arthroscopic knee brace: 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 (Acute & Chronic) Knee brace.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Knee brace.

Decision rationale: The injured worker sustained a work related injury on 11-18-13. The injured worker has been diagnosed of lumbar disc protrusions with stenosis, spondylosis and radiculopathy and right knee sprain and strain. Previous treatment included physical therapy, chiropractic therapy, aqua therapy, epidural steroid injections, interferential unit and medications. The medical records provided for review do not indicate a medical necessity for Purchase of a right arthroscopic knee brace. The MTUS does not recommend prophylactic braces, but recommends functional bracing as part of the rehabilitation program. The Official Disability Guidelines states that 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, therefore is not medically necessary.