

Case Number:	CM15-0190302		
Date Assigned:	10/02/2015	Date of Injury:	09/05/2014
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 48 year old female, who sustained an industrial injury on 9-5-2014. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include right knee sprain-strain and patellofemoral pain syndrome. Treatments to date include physical therapy and chiropractic therapy. Currently, she complained of intermittent knee pain with increased of pain with stairs. On 9-2-15, the physical examination documented right quadriceps atrophy. The plan of care included physical therapy, acupuncture, Supartz injections to the right knee and a request for a right knee brace. The appeal requested authorization for a right knee patellar buttress brace. The Utilization Review dated 9-4-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee patellar buttress 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), Treatment Index, 13th Edition (web), 2015, Knee and Leg Chapter, Criteria for the use of knee braces.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Extremity Pain: Bracing.

Decision rationale: Right knee patellar buttress brace is not medically necessary. Per ODG, Knee bracing is recommended for instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. The patient was diagnosed with right knee sprain/strain and patell-femoral pain syndrome; however, there is no documentation of the patient's need for stressing the knee under load such as climbing ladders or carrying boxes. The patient also did not undergo recent surgery with any diagnosis for which a knee brace would be indicated. Therefore, the request is not medically necessary.