

Case Number:	CM15-0200927		
Date Assigned:	10/16/2015	Date of Injury:	08/13/2014
Decision Date:	11/24/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/13/2015

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

Certification(s)/Specialty: Internal 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 33 year old male who sustained an industrial injury on 8-13-14. The injured worker reported right knee and foot pain. A review of the medical records indicates that the injured worker is undergoing treatments for status post right knee diagnostic arthroscopy. Medical records dated 9-17-15 indicate pain rated at 2 out of 10 at rest and 7 out of 10 with activity. Provider documentation dated 9-17-15 noted the work status as permanent and stationary. Treatment has included Naproxen, radiographic studies, at least 10 sessions of physical therapy, magnetic resonance imaging, status post right knee arthroscopy (12-18-15). Objective findings dated 9-17-15 were notable for right knee with trace effusion, tenderness to palpation to the medial patellofemoral compartment and posterior knee. The original utilization review (10-5-15) denied a request for Right Knee [REDACTED] SE Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee [REDACTED] SE 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 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.

Decision rationale: There is no documentation necessitating a right knee [REDACTED] SE brace. Per ODG, a knee brace is indicated if there is evidence of knee instability. There was no evidence of right knee instability documented on physical exam. Medical necessity for the requested item has not been established. The requested right knee [REDACTED] SE brace is not medically necessary.