

Case Number:	CM15-0203070		
Date Assigned:	10/19/2015	Date of Injury:	07/25/2007
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/15/2015

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

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:

This is a 56 year old male with a date of injury on 7-25-07. A review of the medical records indicates that the injured worker is undergoing treatment for left ankle sprain, left knee sprain and right knee sprain (compensatory). Progress report dated 9-4-15 reports the use of crutches to help keep his balance. He also uses a single point cane on and off and noticed swelling of the left leg. He states the medications help improve functional activities. His left ankle brace has torn and he is requesting a replacement. He also reports that the left knee brace is getting old and is not helping him as it used to. Objective findings: left knee range of motion is full with no crepitus in the patellofemoral joint and patella tracks are normal, tender to palpation and slight swelling on medial joint line, he has an antalgic gait favoring his left knee and he has arthroscopic scars from surgery. Treatments include: medication, bracing, bio-freeze gel, heated mattress pad. Request for authorization 9-6-15 was made for left knee brace. Utilization review dated 9-16-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary, Initial Care.

Decision rationale: As per ACOEM guidelines, knee braces may have utility in situations where there is knee instability although it appears mostly psychological and is only recommended during situations of load to the knees such as climbing ladders or carrying heavy loads. The primary treating physician has not documented a knee exam consistent with knee instability. There is also no note why a brace was requested except that an old brace was "no longer effective" and was "old". Chronic use of a knee brace may weaken underlying musculature and worsen gait. There is not enough documentation to support medical necessity. Left knee brace is not medically necessary.