

Case Number:	CM15-0204533		
Date Assigned:	10/21/2015	Date of Injury:	03/15/2014
Decision Date:	12/03/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/19/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 46 year old male who sustained an industrial injury on 3-15-14. He is not working. The medical records indicate that the injured worker had a right knee replacement with residuals. He currently (9-3-15) complains of atrophy, giving way, stiffness and noise when he moves the knee with activity. He has difficulty with stairs and has daily pain that is worse with weight bearing. His pain level was 3-7 out of 10. The physical exam (9-3-15) revealed swelling of the knee, a well-healed scar and noise on the components of the knee when he places the knee in motion. On 8-18-15, the physical exam revealed a small effusion of the right knee, medial joint line and lateral joint line tenderness to palpation, clinical alignment is in normal valgus, there is no significant flexion space laxity. Diagnostics indicate an x-ray demonstrating Smith and Nephew total knee arthroplasties in reasonable alignment without any obvious failure fixation and patella is tracking centrally. Treatments to date include right knee joint injections (per the 8-18-15 note the injured worker started having noises in the knee after he started having injections); physical therapy; medications: Xanax. The request for authorization dated 9-24-15 was for functional brace for the right knee. On 10-1-15 Utilization Review non-certified the request for functional brace right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional brace right knee: Upheld

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

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

Decision rationale: ACOEM Chapter on Knee states that a knee brace is generally only needed if the knee will be stressed under heavy load and is generally not needed for the average patient. In this case, there is no documentation of any specific increased load to the knee that would require a brace. The request for Functional brace right knee is not medically necessary.