

Case Number:	CM15-0205005		
Date Assigned:	10/21/2015	Date of Injury:	04/05/2011
Decision Date:	12/07/2015	UR Denial Date:	10/13/2015
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: 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:

The injured worker is a 47 year old male, who sustained an industrial injury on 4-5-2011. Diagnoses include left knee tricompartmental degenerative joint disease, meniscus degeneration, patellar chondromalacia, and status post left knee arthroscopy on 11-30-11. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, and Synvisc injection to the left knee. On 8-31-15, he complained of increasing left knee symptoms associated with pain and locking. He reported some relief with previous series of three Synvisc injections to the left knee; however, pain in the knee persisted. The physical examination documented left knee tenderness with crepitus with passive motion. There was decreased range of motion and ambulated with a slight limp favoring the left lower extremity. The plan of care included continued use of a left knee brace. The appeal requested authorization for a left O active OTS knee brace. The Utilization Review dated 10-13-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left O Active OTS 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).

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

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 not enough documentation to support medical necessity therefore the left knee brace is not medically necessary.