

Case Number:	CM15-0207712		
Date Assigned:	10/26/2015	Date of Injury:	02/18/2009
Decision Date:	12/07/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/22/2015

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

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:

This is a 51 year old female with a date of injury on 2-18-19. A review of the medical records indicates that the injured worker is undergoing treatment for neck, back, left shoulder and right knee pain. Progress report dated 9-11-15 reports continued complaints of lower back, bilateral shoulders, right elbow, right wrist and right hand pain. The lower back pain is frequent, rated 5 out of 10 and radiates down both legs. The neck pain is rated 6 out of 10. The right shoulder, right elbow, right wrist, and right hand pain are rated 6 out of 10. She reports weakness in her right arm due to overuse. She has complaints of right knee pain, rated 6-7 out of 10, is frequent and has grinding with prolonged walking. She reports the use of Kera-tek gel bring her pain level down to 4 out of 10 from 6-7 out of 10. Objective findings: the right knee had slight decrease in range of motion with flexion of 130 and extension 0, positive patellofemoral grind, tenderness to the medial and lateral joint line with slight decrease in quadriceps strength 4 plus out of 5. Treatments include: medication, physical therapy, Supratz injections to right knee, cervical discectomy and fusion 2013, L4-5 hemilaminotomy and decompression 2012. Request for authorization dated 9-24-15 was made for a Right knee brace. Utilization review dated 10-5-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace: Upheld

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

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

Decision rationale: The ACOEM chapter on knee complaints states that knee bracing may be indicated in the treatment of collateral ligament, meniscal and ACL injury. The patient has complaints of knee pain but on exam does not exhibit signs of the before mentioned conditions or evidence of significant instability of the joint. Therefore, the request is not medically necessary.