MAXIMUS Federal Services

Case Number:	CM15-0208820		
Date Assigned:	10/28/2015	Date of Injury:	05/31/2006
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 63 year old male who sustained an industrial injury on 5-31-2006. A review of the medical records indicates that the injured worker is undergoing treatment for osteoarthrosis, other chronic pain, degeneration of lumbar or lumbosacral intervertebral disc, lumbago and thoracic or lumbosacral neuritis or radiculitis unspecified. According to the progress report dated 6-25-2015, the injured worker complained of increasing difficulty with lumbar radiculitis on the right and left legs. It was noted that the left leg had been fairly stable, but now it seemed to buckle. The injured worker was using his patellar stabilizer, but it was noted that on the right knee, as he got up, it was collapsing on him. Objective findings (6-25-2015) revealed positive straight leg raise on the right side. Per the progress report dated 8-3-2015, the injured worker complained of lumbar pain and bilateral leg pain along with bilateral leg numbness, tingling and weakness. The physical exam revealed an antalgic gait favoring the right. He was using a right leg brace. Treatment has included lumbar epidural steroid injection and medications. The recommendation (6-25-2015) was for a hinged, patellar stabilizer for the right knee. The original Utilization Review (UR) (10-12-2015) denied a request for retro purchase of Rebound Ply Knee wrap -SH-XLG, for the right and left knees, DOS: 6-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro purchase of Rebound Ply Knee wrap /SH/XLG, for the right and left knees, DOS: 6/25/15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Knee brace section.

Decision rationale: CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The cited medical records demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore, the request for durable medical equipment, knee brace, is not medically necessary or appropriate.