

Case Number:	CM15-0209820		
Date Assigned:	10/28/2015	Date of Injury:	11/18/2013
Decision Date:	12/10/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/26/2015

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: Preventive Medicine, Occupational 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 11-18-2013. The injured worker is undergoing treatment for: bilateral knee pain and low back pain. On 8-24-15, he reported symptoms of radiating pain from the low back to the left lower extremity. He rated his low back pain 6-7 out of 10. On 9-21-15, and 9-29-15, he is noted to be status post right knee surgery completed on 1-26-15. He reported bilateral knee pain. He indicated symptoms were improved and rated his right knee pain 4 out of 10. He denied taking medications. The treatment and diagnostic testing to date has included: right knee surgery (1-26-15), x-rays of the right knee (5-6-15), TENS, multiple physical therapy sessions. Medications have included: Tizanidine, Tramadol, Celebrex. Current work status: temporarily totally disabled. The request for authorization is for: one bilateral hinged knee braces. The UR dated 9-30-2015: non-certified the request for one bilateral hinged knee braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Hinged Knee Braces: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Knee & Leg (Acute & Chronic).

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

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In this case, there is no documented instability of the knee and there is no indication that the injured worker will be stressing the knee under load. The request for bilateral hinged knee braces is determined to not be medically necessary.