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| Case Number: | CM15-0023089 | | |
| Date Assigned: | 02/12/2015 | Date of Injury: | 06/16/2006 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 02/06/2015 |

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female who reported an injury on 03/09/2000. On 01/09/2015, she presented for a follow-up evaluation regarding her work related injury. It was noted that she remained on her oral analgesic medications, including Norco 10/325 mg, which she would take up to 2 times a day and provided her with good relief. She noted being able to cook, clean, and do laundry with less pain. She also was taking Anaprox and required Prilosec due to medication induced gastritis. A physical examination showed 5/5 muscle strength in the lower extremities and decreased sensation along the posterolateral thigh and posterolateral calf about the L5-S1 distribution. She also had a positive sitting straight leg raise with radicular symptoms to both lower extremities. She was diagnosed with cervical myoligamentous injury, lumbar myoligamentous injury, status post right shoulder arthroscopic surgery, status post right knee arthroscopic surgery in 2007, and status post carpal tunnel release and left shoulder surgery. The treatment plan was for an RT OTS trainer brace purchase. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RT OTS trainer knee brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The Official Disability Guidelines recommend the use of knee braces for osteoarthritis and for those with evidence of instability on examination. The documentation provided does not show that the injured worker has any evidence of instability on examination or that she has osteoarthritis of the right knee to support the request. Also, a clear rationale for the medical necessity of this request was not stated. Therefore, the request is not supported. As such, the request is not medically necessary.