

Case Number:	CM15-0036518		
Date Assigned:	03/05/2015	Date of Injury:	05/09/2002
Decision Date:	04/10/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/26/2015

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: Arizona, California
 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:

The injured worker (IW) is a 66 year old male, who sustained an industrial injury reported on 5/9/2002. On 1/6/2015 he reported shoulder and knee pain, and ongoing pain in the bilateral knees and lower back. The diagnoses were noted to include knee strain; bursitis of the knee; internal derangement of the knee; and lumbar spine neuritis and radiculitis. Treatments to date have included: consultations; multiple diagnostic imaging studies; and medication management. The work status classification for this IW was noted to be permanent and stationary, and has reached maximum medical improvement. On 2/18/2015, Utilization Review (UR) denied, for medical necessity, the request, made on 2/4/2015, for a custom fabricated bilateral knee brace (1/2/2015); and a custom fabricated right knee brace (1/6/2015). The custom fabricated brace for the right knee was recommended as an extension of conservative treatment, in order to help stabilize the knee and allow the IW to stand and walk 30% - 40% more effectively, with less pain, to add compression, improve functional gait, and prevent re-injury. The Official Disability Guidelines, use of custom knee brace, were cited. The UR, page 4, paragraph 4, asked which Department of Worker's Compensation (DWC) form Request for Authorization (RFA) should be used, 1/2/15 or 1/6/15, and to withdraw the other. Neither DWC form RFA is available for my review, however the physician notes for 1/6/2015 are available, but the physician notes for 1/2/2015 are not. Both requests appear on the application for medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom fabricated bilateral knee brace #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346.

Decision rationale: According to the guidelines, a knee brace for immobilization is recommended for a short period after injury. IT is optional for a rehab program. It is not recommended for prophylaxis or prolonged use. In this case, the claimant's injury was chronic. Length of use was not specified. There was tenderness and reduced range of motion but no significant instability. The request for bilateral knee brace is not medically necessary.

Custom fabricated right knee brace #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346.

Decision rationale: According to the guidelines, a knee brace for immobilization is recommended for a short period after injury. IT is optional for a rehab program. It is not recommended for prophylaxis or prolonged use. In this case, the claimant's injury was chronic. There was tenderness and reduced range of motion but no significant ligament instability. Length of use was not specified. The request for right knee brace is not medically necessary.