MAXIMUS Federal Services

Case Number:	CM15-0042296		
Date Assigned:	03/12/2015	Date of Injury:	07/02/1999
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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: Pennsylvania, Ohio, California
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 48 year old male who sustained an industrial injury on 7/2/99. Currently he complains of low back pain radiating to bilateral lower extremities and lower extremity pain in bilateral knees. His pain level is 8-9/10 and he reports the pain worsening. Medications include Flector Patch, ibuprofen, Lidoderm Patch, Lunesta, pantoprazole, Tramadol, Tramadol ER. Diagnoses include chronic pain; lumbar radiculopathy; bilateral knee pain; status post right knee anterior cruciate ligament reconstruction surgery (2005); status post revision right knee diagnostic and operative arthroscopy (1/25/13) and status post Lap-band surgery. Treatments to date include acupuncture which is helpful with pain; epidural steroid injection into both knees with benefit (10/7/14); synvisc to the right knee (7/11, 3/14, 1/15); synvisc to the left knee (8/13, 1/15); rest; ice; anti-inflammatories, analgesic and elevation. Diagnostics include MRI of the left knee without contrast; MRI of the right knee (illegible date) with no evidence of meniscal tear. There was a request on 11/19/14 for reaction knee brace but there is no mention in related progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reaction knee brace M/L: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: ACOEM recommends use of a knee brace only in specific well-defined situations of joint instability. The guidline suggests that the benefits of a brace may be more emotional (i.e. increasing confidence) than medical and that usually a brace is necessary only if the patient will be stressing the joint under load. Overall ACOEM states that for the average patient, using a brace is usually unnecessary. The records do not provide such specific data about knee instability to support an indication for this equipment. This request is not medically necessary.