

Case Number:	CM15-0043235		
Date Assigned:	03/13/2015	Date of Injury:	08/14/2014
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 46 year old male, who sustained an industrial injury on 8/14/2014. Diagnoses have included L4-5 herniated nucleus pulposus (HNP). Treatment to date has included physical therapy. Per the physical therapy progress report dated 11/14/2014, the injured worker complained of pain in the left greater than right lumbar spine and hip. According to the physician progress report dated 11/18/2014, the treatment plan was for Vicodin, muscle rub and to continue physical therapy. No subjective complaints or physical exam were documented. Authorization was requested for a knee ankle foot orthosis (KAFO) full leg brace purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

KAFO Full Leg Brace (Purchase): Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, KAFO full leg brace, purchase is not medically necessary. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but in some patients a knee brace can increase confidence which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. In this case, the injured worker's working diagnosis is L4 - L5 herniated nucleus pulposus. The request for authorization was dated February 11, 2015. There are no progress notes by the requesting physician for the full leg brace, purchase. There are progress notes dated October 16, 2014 and the latest progress note November 18, 2014. There are no contemporaneous notes on or about the date of the request for authorization for the KAFO full leg brace, purchase. Consequently, absent clinical documentation within indication and rationale for the full leg brace, progress notes from the treating/requesting physician for the full leg brace, KAFO full leg brace, purchase is not medically necessary.