

Case Number:	CM15-0048703		
Date Assigned:	03/20/2015	Date of Injury:	02/13/2014
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 48 year old female who sustained an industrial injury on 2/13/14. She currently complains of right and left knee pain with pain intensity of 8/10; left shoulder pain (8/10). The left shoulder has limited range of motion. She has difficulty arising from a seated position. She is able to perform activities of daily living with aid of medications. Medications include Tramadol, naproxen, pantoprazole and cyclobenzaprine. Diagnoses include facet osteoarthopathy, left knee; multiple ganglion cysts, left knee; degenerative tear medial meniscus, left knee. Treatments to date include physical therapy, viscosupplementation, transcutaneous electrical nerve stimulator unit. Diagnostics include MRI of the left shoulder (11/3/14) abnormal. In the progress note dated 9/22/14 the treating providers plan of care include a request for left knee hinged brace to provide stability and facilitate improved tolerance to standing and walking. In the progress note of 2/2/15 the treating provider requests a new left knee hinged brace as the previous one does not fasten. A utilization review on 3/2/15 non certified a Left Knee Hinged Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Hinged Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: ACOEM states "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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 all cases, braces need to be properly fitted and combined with a rehabilitation program." The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. As such the request for Left Knee Hinged Brace is not medically necessary.