

Case Number:	CM15-0053154		
Date Assigned:	03/26/2015	Date of Injury:	10/09/2012
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on 10/09/2012. She has reported injury to the left knee, right lower extremity, and low back. The diagnoses have included lumbar sprain/strain; left knee sprain; right ankle sprain; and right peroneal neuropathy. Treatment to date has included medications, diagnostics, and bracing. A progress note from the treating physician, dated 02/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant pain in the right calf and right ankle; pain is associated with constant numbness and tingling in the lateral calf to the big toe; intermittent left knee pain, associated with intermittent swelling; intermittent low back pain, associated with numbness, tingling, and weakness of the right lower extremity; and pain is relieved with Ibuprofen, rest, and bracing. Objective findings included slight tenderness and tightness of the bilateral L4-S2 paraspinals; tenderness to the right pre-patellar region with atrophy of the right thigh versus the left; and tenderness to palpation of the left inferior patella and medial joint line. The treatment plan has included the request for DME: hinged left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: hinged left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, Chronic Pain Treatment Guidelines Page(s): 114-116.

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

Decision rationale: The injured worker sustained a work related injury on 10/09/2012. The medical records provided indicate the diagnosis of lumbar sprain/strain; left knee sprain; right ankle sprain; and right peroneal neuropathy. Treatment has included medications, and bracing. The medical records provided for review do not indicate a medical necessity for hinged left knee brace. The MTUS does not recommend the use of functional bracing outside of a rehabilitation program. The records indicate the injured worker has been using this for a time, but there is no indication it is being used as part of a rehabilitation program. Therefore, this request is not medically necessary.