

Case Number:	CM15-0053494		
Date Assigned:	03/27/2015	Date of Injury:	04/04/2009
Decision Date:	05/14/2015	UR Denial Date:	02/26/2015
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: 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 51-year-old male who reported an injury on 04/04/2009. The mechanism of injury involved a fall. The current diagnoses include neck strain, shoulder strain, and knee and leg strain. The injured worker presented on 02/11/2015 for a follow-up evaluation with complaints of worsening bilateral knee pain. Upon examination there was tenderness to palpation over the lumbar spine, tenderness over the bilateral knees, and diminished range of motion. Recommendation at that time included continuation of the current medication regimen, a course of physical therapy for the bilateral knees, a light wheel walker, and bilateral knee braces. There was no Request For Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee braces purchase qty:2: 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): 339-340.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a brace can be used for patellar instability, ACL tear or MCL instability. In this case, there was no documentation of a significant functional limitation. There was no evidence of significant instability with regard to the bilateral knees. The injured worker is also pending a course of physical therapy for the bilateral knees. Given the above, the request is not medically appropriate.

Rollator, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Durable Medical Equipment.

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

Decision rationale: The Official Disability Guidelines recommend walking aids as indicated. In this case, there was no documentation of a significant functional limitation. There was no evidence of significant weakness or instability with regard to the bilateral lower extremities. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically appropriate.

Seat attachment purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Brake attachment, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.