

Case Number:	CM15-0080161		
Date Assigned:	05/05/2015	Date of Injury:	02/14/2015
Decision Date:	06/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 26 year old female, who sustained an industrial injury on 2/14/2014. Diagnoses include headache, headache emotional, lumbalgia, lumbar muscle spasm, lumbar sprain/strain, left knee pain and left knee sprain/strain. Treatment to date has included diagnostics, medications and acupuncture. Per the Primary Treating Physician's Progress Report dated 10/20/2014, the injured worker reported headaches localized on the left side of the head behind the ear. She reported severe, sharp, stabbing, feels like opening sensation in the low back with pain and stiffness radiating to the left lower extremity. She also reports constant, severe, stabbing, throbbing, burning, crepitus left knee pain, with weakness and cramping becoming pain with walking and bending. Physical examination of the lumbar spine revealed painful ranges of motion with tenderness to palpation of the L3-5 spinous processes and lumbar paravertebral muscles. Left knee examination revealed painful ranges of motion with tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee. There was muscle spasm of the anterior and medial knee. Patellar compression was positive and Apley's compression was positive. The plan of care included, acupuncture, magnetic resonance imaging (MRI), follow up care and hinged knee brace and authorization was requested for left functional hinged knee support (indefinite use).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Functional Hinged Knee Support (Indefinite Use): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This 26 year old female has complained of knee pain since date of injury 2/14/14. She has been treated with acupuncture and medications. The current request is for left Functional Hinged Knee Support (Indefinite Use). Per the MTUS guidelines cited above, knee braces are not necessary for most patients. They may be used for patellar instability, anterior cruciate ligament tears or medial collateral ligament instability but have not been proven to be beneficial. On the basis of these guidelines, the request for left Functional Hinged Knee Support (Indefinite Use) is not indicated as medically necessary.

Right Functional Hinged Knee Support (Indefinite Use): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This 26 year old female has complained of knee pain since date of injury 2/14/14. She has been treated with acupuncture and medications. The current request is for right Functional Hinged Knee Support (Indefinite Use). Per the MTUS guidelines cited above, knee braces are not necessary for most patients. They may be used for patellar instability, anterior cruciate ligament tears or medial collateral ligament instability but have not been proven to be beneficial. On the basis of these guidelines, the request for right Functional Hinged Knee Support (Indefinite Use) is not indicated as medically necessary.