

Case Number:	CM15-0088584		
Date Assigned:	05/12/2015	Date of Injury:	06/12/2014
Decision Date:	06/12/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/08/2015

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: 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 55 year old male, who sustained an industrial injury on 6/12/2014. He reported hearing a pop and feeling throbbing and burning in his right knee, which traveled up his right thigh. Diagnoses have included right knee medial meniscus tear, Grade 2-3 chondromalacia of the medial compartment of the right knee, subacute bone bruise in the right medial tibial plateau and large hematoma right distal leg/tibia. Treatment to date has included physical therapy and medication. Magnetic resonance imaging (MRI) of the right knee from 8/15/2014 showed a medial meniscal tear. According to the progress report dated 3/27/2015, the injured worker complained of right knee pain. He was noted to be using an old, right knee brace, which was completely worn out and did not seem to support his knee. He rated his current pain as 4-5/10. Current medications included Tylenol #3, Prilosec and a compound cream. Exam of the right knee showed mild edema mostly in the medial aspect. There was tenderness over the medial and lateral joint line predominantly on the medial. There was full range of motion associated with moderate muscular spasm and guarding. Authorization was requested for a right custom knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right custom knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

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

Decision rationale: There is no documentation necessitating a right custom knee brace. Per ODG, a knee brace is indicated if there is evidence of knee instability. There was no evidence of right knee instability or any other right knee abnormalities documented on physical exam. Medical necessity for the requested item has not been established. The requested right custom knee brace is not medically necessary.