

Case Number:	CM15-0089192		
Date Assigned:	05/13/2015	Date of Injury:	01/22/2015
Decision Date:	06/22/2015	UR Denial Date:	05/07/2015
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: 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 43 year old male, who sustained an industrial injury on 1/22/2015. He reported a slip and fall onto his right side with immediate dizziness, disorientation, and pain in the neck, mid and low back, buttock, shoulder, hand, knee, ankle and foot. Diagnoses include right shoulder derangement, contusion, sprain, and right knee contusion and right knee sprain/strain. Treatments to date include NSAID, topical and oral analgesic, chiropractic therapy and psychotherapy. Currently, he complained of right knee pain and constant neck and right shoulder pain. On 2/4/15, the physical examination documented right knee tenderness in the medial and lateral joint lines, decreased strength and decreased range of motion. The plan of care included a neoprene sleeve for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee neoprene sleeve: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Knee & Leg (Acute & Chronic) Knee brace.

Decision rationale: The injured worker sustained a work related injury on 1/22/2015. The medical records provided indicate the diagnosis of right shoulder derangement, contusion, sprain, and right knee contusion and right knee sprain/strain. Treatments to date include NSAID, topical and oral analgesic, chiropractic therapy and psychotherapy. The medical records provided for review do indicate a medical necessity for right knee neoprene sleeve. The review of the medical records indicate that the knee sleeve was denied because the injured worker does not appear to have medical conditions listed by the Official Disability Guidelines for the use of the Knee brace. Nevertheless, in this particular case the Official Disability Guidelines does not have specific contraindications for the use of knee brace. Rather this guidelines states, "...the results of this systematic review suggest that knee braces and foot orthoses are effective in decreasing pain, joint stiffness, and drug dosage, and they also improve proprioception, balance." Additionally, the MTUS recommends the use of functional Knee brace as an option in the knee rehabilitation program, but recommends against prophylactic bracing and prolonged bracing in ACL deficient knee.