

Case Number:	CM15-0235060		
Date Assigned:	12/10/2015	Date of Injury:	02/05/2008
Decision Date:	01/20/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	12/01/2015

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, New York, California

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 12, 2008. In a Utilization Review report dated November 6, 2015, the claims administrator failed to approve requests for "outpatient MD ROM for the knee." A September 14, 2015 office visit was referenced in the determination. On a November 6, 2015 order form, the treating provider sought authorization for a knee CPM device in conjunction with an accessory: "MD ROM." Little-to-no narrative commentary accompanied said request. On an RFA form dated November 2, 2015, the treating provider sought authorization for an "MD ROM" device-CPT code L1832. On an associated November 3, 2015 order form, the treating provider seemingly stated that the request for an MD ROM device represented a request for a brace used to facilitate delivery of continuous-passive motion postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MD ROM for the knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary.

Decision rationale: Yes, the request for an "MD ROM" brace device for the knee was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346, functional bracing is "recommended" as part of a rehabilitation program. Here, the treating provider stated that the article in question represented a request for a knee brace used to facilitate physical therapy, ambulation, and/or continuous-passive motion (CPM) postoperatively. Therefore, the request was medically necessary.