

Case Number:	CM14-0125728		
Date Assigned:	08/13/2014	Date of Injury:	01/17/2014
Decision Date:	10/06/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female who was reportedly injured on January 17, 2014. The mechanism of injury was noted as a trip and fall. The most recent progress note dated May 16, 2014, indicated that there were ongoing complaints of left knee pain radiating to the left hip and the left foot. The physical examination demonstrated an antalgic gait favoring the left lower extremity. There was significantly decreased left knee range of motion with the inability to fully extend. There was tenderness at the joint line and a positive Apley's compression test. Diagnostic imaging studies of the left knee revealed a complex tear of the posterior horn, of the medial meniscus, degenerative changes with multifocal chondromalacia, a joint effusion, and a likely ganglion cyst. Previous treatment was unknown. A request was made for durable medical equipment, a hinged knee brace and was not medically necessary in the pre-authorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Hinged Knee Brace L 1820: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 348.

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

Decision rationale: According to the Official Disability Guidelines, the criteria for Hinged Knee Brace includes the instability, ligamentous insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful total knee Arthroplasty, painful high tibial osteotomy, painful unique compartment for osteoarthritis or a tibial plateau fracture. The injured worker was not diagnosed with any of these conditions. As such, this request for a Hinged Knee Brace is not medically necessary.