

Case Number:	CM14-0138160		
Date Assigned:	09/05/2014	Date of Injury:	05/09/2014
Decision Date:	10/10/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/26/2014

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 records presented for review indicate that this 30-year-old female was reportedly injured on May 9, 2014. The mechanism of injury is noted as a fall. The most recent progress note, dated July 8, 2014, indicates that there are ongoing complaints of low back pain, right hip pain, and left knee pain. The physical examination demonstrated tenderness along the lumbar spine at the L5 - S1 region. There was diffuse pain about the left knee and the injured employee was unable to perform a squatting maneuver. There was no effusion and a negative Lockman's test and a negative anterior drawer test. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion at L5 - S1 and a disc bulge from L1 - L2 through L4 - L5. An x-ray of the left knee revealed mild arthrosis of the medial compartment. Previous treatment includes a request had been made for and was not certified in the pre-authorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Patella-Tracking 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 (ODG), Knee and Leg, Knee Brace, Updated August 25, 2014.

Decision rationale: According to the Official Disability Guidelines a knee brace is indicated for knee instability, ligamentous insufficiency, a reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unique compartment total osteoarthritis, or a tibial plateau fracture. As the injured employs not diagnosed with any of these conditions, this request for a left patellar tracking Brace is not medically necessary.