

Case Number:	CM14-0029324		
Date Assigned:	06/20/2014	Date of Injury:	07/24/2013
Decision Date:	08/27/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/07/2014

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 & Rehab 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 44 year-old individual was reportedly injured on 7/24/2013. The mechanism of injury is noted as a twisting injury. The most recent progress note, dated 11/7/2013, indicates that there are ongoing complaints of right knee and right ankle pain. The physical examination demonstrated right knee: normal gait, no swelling or bruising, no spasm, no malalignment. Trace effusion. Range of motion within normal limits. Muscle strength within normal limits 5/5. Trace anterior drawer. Diagnostic imaging studies include mention of an MRI of the right knee dated 8/9/2013, which reveals joint swelling, some degenerative changes or partial interest substance tearing of the anterior cruciate ligament (ACL). Previous treatment includes medications and conservative treatment. A request had been made for custom defiance knee brace, and was not certified in the pre-authorization process on 2/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of custom defiance knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Citation EVIDENCE-BASED, PEER REVIEWED MEDICAL TREATMENT GUIDELINES (SECTION 9792.25), ODG - TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) knee brace. Updated 6/5/2014.

Decision rationale: CA MTUS guidelines support the use of knee braces for osteoarthritis, and ligament instability. After review of the medical documentation provided the injured worker does have knee pain, however there was no documentation of knee arthritis or ligament instability. Therefore this request is deemed not medically necessary.