MAXIMUS Federal Services

Case Number:	CM14-0216254		
Date Assigned:	01/06/2015	Date of Injury:	05/27/2005
Decision Date:	02/23/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Arizona, California
Certification(s)/Specialty: Family Practice

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 was a 54 year old female, who was injured on the job, May 27, 2005. The injured worker sustained injures to both knee at that time. The injured worker had tried physical therapy, medication, injections and surgery to both knees. The injured worker was diagnosed with degenerative joint disease. According to the progress note of May 5, 2014, the injured worker received some benefit from the viscosupplementation injection to the left knee. On June 23, 2014, an injection was given to the right knee. After injections to both knees were completed, on June 23, 2014, the injured worker informed the primary provider that the injured worker reported little benefit from the viscosupplementation injections. On November 10, 2014, weight bearing X-rays which showed degenerative joint disease in the bilateral knees secondary to the industrial injury of May 27, 2005 and subsequent surgeries. The progress note of November 10, 2014, the injured worker was complaining pain in both knees and that the knees felt unstable. The injured worker felt her knees were going to give out. The primary treating physician was requesting VQ OActive brace to decrease inflammation and pain. On November 26, 2014 the UR denied authorization of VQ OActive Bionicare. The denial was based on the ODG Knee & Leg chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

VQ OActive bionicare: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: According to the ACOEM guidelines, prophylactic braces are not recommended for the knees. It is optional as part of a rehabilitaion program. Short periodof use after an injury is recommended to relieve symptoms. In this case, the claimant's injury was several years ago. This was not used as part of a rehab program. Lenght of use was not specified, The request is not medically necessary.