

Case Number:	CM15-0104899		
Date Assigned:	06/09/2015	Date of Injury:	03/22/2013
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/01/2015

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: North Carolina

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:

This 53 year old man sustained an industrial injury on 3/22/2013. The mechanism of injury is not detailed. Diagnoses include chronic pain syndrome and rupture of quadriceps tendon. Treatment has included oral and topical medications, knee brace, rest, surgical intervention, psychological testing, and physical therapy. Physician notes dated 4/24/2015 show complaints of right knee pain with radiation to the toes and tingling. Recommendations include a new knee brace, additional physical therapy, Cyclobenzaprine, over the counter Tylenol, Ibuprofen, continue home exercise program, and follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Donjoy custom knee brace #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 208.

Decision rationale: The ACOEM chapter on knee complaints and bracing states that braces are only recommended for treatment of meniscal tear/injuries, collateral ligament strains and anterior cruciate tears. The patient does not have any of these diagnoses associated with knee complaints and therefore the request is not medically necessary and not certified.