

Case Number:	CM15-0014541		
Date Assigned:	02/02/2015	Date of Injury:	03/03/2001
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/26/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 57 year old male, who sustained an industrial injury on March 3, 2001. He has reported a trip and fall resulting in pain of both knees, and both shoulders. The diagnoses have included knee derangement, cervical disc lesion with radicular symptoms, right shoulder strain/sprain status post arthroscopy, carpal tunnel syndrome bilaterally, and status post arthroscopy of both knees. Treatment to date has included medications, radiological imaging, and surgeries. Currently, the IW complains of continued pain of both shoulders, and both knees. Physical findings are noted as decreased tenderness, and decreased range of motion of the right shoulder. A positive impingement test is noted. Both knees demonstrate decreased range of motion, crepitus, and tenderness. On January 6, 2015, Utilization Review non-certified a neoprene elastic brace for both knees, based on MTUS, ACOEM, and ODG guidelines. On January 9, 2015, the injured worker submitted an application for IMR for review of a neoprene elastic brace for both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neoprene elastic brace for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability

Guidlines (ODG), Treatment Index, 11ht Edition (web), 2014, Knee & Leg (Acute & Chronic), Knee brace.

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

Decision rationale: According to MTUS guidelines, a knee brace is recommended for a short period of immobilization after an acute injury to relieve symptoms. It should be prescribes as a part of a rehabilitation program. There is no documentation of acute injury or a rehabilitation program for this patient. Therefore, the prescription of Neoprene elastic brace for bilateral knees is not medically necessary.