

Case Number:	CM15-0123400		
Date Assigned:	07/07/2015	Date of Injury:	03/19/2013
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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: 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 40-year-old woman sustained an industrial injury on 3/19/2013. The mechanism of injury is not detailed. Diagnoses include aggravated grade 2 or 3 left chondromalacia. Treatment has included oral medications, rehabilitation program, and surgical intervention. Physician notes dated 5/27/2015 show complaints of left knee pain rated 6/10 after a re-injury while ascending stairs in her physical rehabilitation program. The worker was taken to the emergency department for treatment. Recommendations include Anaprox, Protonix, Norco, Ultram, ice, and resume rehabilitation program. A follow up note date 6/4/2015 shows increased pain with loading of the left knee. Recommendations include a de-loading brace for the left knee, which will facilitate her completing the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left knee de-loading brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Unloader braces for the knee.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 338.

Decision rationale: Per the ACOEM chapter on knee complaints, table 13-3 list the following as optional treatment measures for different knee injuries: Cruciate ligament tear: crutches, knee immobilizer and quadriceps/hamstring strengthening. Meniscus tears: quadriceps strengthening, partial weight bearing, knee immobilizer as needed. Patellofemoral syndrome: knee sleeve, quadriceps strengthening and avoidance of knee flexion. The patient does not have a diagnosis that support knee bracing per the ACOEM or the ODG. Therefore, the request does not meet guideline recommendations and is not medically necessary.