

Case Number:	CM15-0171383		
Date Assigned:	09/11/2015	Date of Injury:	07/14/2014
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/31/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 45 year old male who sustained an industrial injury on 07-14-14. A review of the medical records indicates the injured worker is undergoing treatment for left knee pain. Medical records (05-05-15) reveal the injured worker complains of left knee pain rated at 6/10, without mention of whether this is with or without medications. The physical exam (05-05-15) the injured worker I noted to ambulate with a slow guarded gait with 2 crutches. The injured worker is also noted to ambulate with a hinged knee brace locked at 0 degrees. Treatment has included left knee surgery (04-02-15), physical therapy and medications. The treating provider indicates the injured worker has not returned to work. The original utilization review (08-05-15) non-certified a tele-range post-operative brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tele-Range Post Operative Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Activity Alteration.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a knee brace for this patient. The California MTUS guidelines via the ACOEM Guidelines for Knee Pain state that knee bracing during a functional rehabilitation program is "not recommended". This patient has been documented to be actively involved in physical therapy to rehabilitate his knee injury. The use of a knee brace is not recommended during this activity. Therefore, based on the submitted medical documentation, the request for tele-range post-operative brace is not medically necessary.