

Case Number:	CM15-0023086		
Date Assigned:	02/12/2015	Date of Injury:	07/24/2013
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old male who reported an injury on 07/24/2013 due to an unspecified mechanism of injury. On 12/16/2014, he presented for a follow up evaluation regarding his work related injury. He reported pain in his leg that would go from the buttock down to the posterior thigh and past the knee into the dorsal and lateral aspect of the tibia/foot. A physical examination showed that his knee was essentially benign and that he had a well healed portal site incision. Lower extremity neurological examination revealed light touch sensation deficits at the L5 and S1 dermatomes in the left lower extremity and some mild diminishment of Achilles strength and Achilles reflex on the left as compared to the right. He was diagnosed with status post left knee arthroscopy with positive development of lower extremity sciatica and neurological examination deficits. The treatment plan was for a knee orthosis with adjustable flexion and extension rotational molder (brace). The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Orthosis with Adjustable Flexation and Extension Rotational Molder (Brace):
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee-Brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Brace.

Decision rationale: The Official Disability Guidelines state that knee braces are recommended in the treatment of osteoarthritis and when there is evidence of instability. The documentation provided does not show that the injured worker has any evidence of osteoarthritis or that he has an unstable knee joint to support the request for a knee brace. Also, a clear rationale was not provided for the medical necessity of a knee brace. Without this information, the request would not be supported. Therefore, the request is not medically necessary.