

Case Number:	CM15-0040926		
Date Assigned:	03/11/2015	Date of Injury:	03/13/2014
Decision Date:	05/27/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/04/2015

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

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 37 year old male, who sustained an industrial injury on 03/13/2014. He reported an injury to his right shoulder, low back, and left knee. The injured worker is currently diagnosed as having right shoulder rotator cuff tear, lumbago, left knee osteoarthritis, and pain in lower leg joint. Treatment and diagnostics to date has included physical therapy, cortisone injection, and medications. In a progress note dated 01/14/2015, the injured worker presented with complaints of ongoing left knee pain and right shoulder pain. The treating physician reported left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee 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 (ODG)-TWC, criteria for the use of knee braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, Knee Brace.

Decision rationale: The most recent report provided is dated 02/11/15 and states that the patient presents with left knee pain. His listed diagnoses include Localized primary Osteoarthritis of the lower leg and Pain in joint of lower leg. The current request is for LEFT KNEE BRACE per the 01/14/15 report. The RFA is not included; however, the 02/26/15 utilization review references 3 RFAs dated from 01/14/15 to 02/19/15. The reports do not state if the patient is currently working. ACOEM page 340 does state, a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. ODG, Knee & Leg Chapter, Knee Brace states recommended as indicated. Criteria are listed as: Knee instability, Ligament insufficiency/deficiency, reconstructed ligament, Articular defect repair, Avascular necrosis, Meniscal cartilage repair, Painful failed total knee arthroplasty, Painful high tibial osteotomy, Painful unicompartamental osteoarthritis, and Tibial plateau fracture. The 01/14/15 Certificate of Medical Necessity states this request is to: Support Weak Muscle, Reduce pain by restricting mobility, Reduce reliance on medications, and Increase Range of Motion. There is no evidence provided in the reports included for review that the patient has instability per ACOEM guidelines above or meets the criteria as stated by ODG. The request IS NOT medically necessary.