

Case Number:	CM15-0069403		
Date Assigned:	04/17/2015	Date of Injury:	04/30/2001
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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 65 year old male who sustained an industrial injury on 4/30/01. The injured worker reported symptoms in the back, neck, upper and lower extremities. The injured worker was diagnosed as having generalized pain, lumbago, cervical pain, limb pain, shoulder pain, myalgia and cervical radicular pain. Treatments to date have included oral pain medication, topical patches, and injections. Currently, the injured worker complains of discomfort in the back, neck, upper and lower extremities. The plan of care was for ankle, wrist and knee braces and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Ankle braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386.

Decision rationale: According to the ACOEM regarding ankle pain, the use of an ankle brace is indicated when the physical exam shows joint instability. An ankle brace should be used for only a short amount of time to prevent loss of function. In this case the physical exam did not demonstrate joint instability. The documentation did not indicate that the patient would be using the brace for a limited amount of time. The medical necessity for an ankle brace was not supported by the documentation. Therefore, the request is not medically necessary.

2 Knee braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: According to the ACOEM regarding knee pain, a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. In this case the physical exam does not document joint instability or that the patient is going to be stressing the joint. The medical necessity is not established by the medical records provided. Therefore, the request is not medically necessary.