

Case Number:	CM15-0072829		
Date Assigned:	04/23/2015	Date of Injury:	01/10/2001
Decision Date:	05/20/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/16/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 46 year old female, who sustained an industrial injury on 1/10/2001. The mechanism of injury was not noted. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified, lumbar laminectomy in 1994, medial epicondylitis, and thoracic/cervical/lumbar sprain/strain. Treatment to date has included left clavicle surgery on 1/23/2015, medications, and mental health treatment. Several documents within the submitted medical records are difficult to decipher. Currently, the injured worker complains of increased low back pain. Medication use was not detailed. Gait was not documented. A physical exam of the left knee was not noted. The treatment plan included a left knee brace and follow-up.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee Brace.

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

Decision rationale: ACOEM states "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial 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." Provided medical documentation does not indicate a physical examination of the knee was performed. The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. Clinical explanation for the request is not elaborated. There is no indication that the brace will be used in conjunction with a rehabilitation program. The patient is not currently working and will not be stressing the knee by climbing or carrying a load. As such the request for Left Knee Brace is not medically necessary.