

Case Number:	CM15-0077874		
Date Assigned:	04/29/2015	Date of Injury:	07/02/1999
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/23/2015

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, California
 Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on 07/02/1999. The initial complaints or symptoms included bilateral knee pain and injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, right knee surgery (x2), and injections. Currently, the injured worker complains of left knee giving out on him followed by swelling, bruising, and intense pain. It was noted that previous Synvisc injections had provided great relief. The diagnoses include industrial injury to the bilateral knees, status post right knee arthroscopy with ACL reconstruction (2005), status post right knee revision arthroscopy (2013), status post multiple Synvisc injections to the bilateral knees, and status post Kenalog injections to bilateral knees. The request for authorization included a Defiance OA custom knee brace with interface liners/high strength material.

IMR ISSUES, DECISIONS AND RATIONALES

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

Defiance Oa Custom Brace With Interface Liners/High Strength Material: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346.

Decision rationale: According to the guidelines, knee bracing is optional for a part of the rehabilitation program and is recommended for a short period after injury. Prolonged or prophylaxis is not recommended after ACL injury. In this case, the claimant had an injury and surgery several years ago. The length of use or another planned intervention was not mentioned. The request for a custom knee brace is not medically necessary.