

Case Number:	CM15-0078739		
Date Assigned:	04/29/2015	Date of Injury:	12/20/2010
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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: Preventive Medicine, Occupational 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 29 year old male who sustained an industrial injury on 12/20/2010. Current diagnoses include effusion of joint-right lower leg, pain in joint-right lower leg, and lumbar spine sprain/strain. Previous treatments included medication management and right knee surgery on 02/04/2015. Report dated 01/26/2015 noted that the injured worker presented for follow up. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included laboratory analysis, follow up two weeks after surgery, and post-operative instructions and consent given. Disputed treatments include custom molded ACL brace for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Custom Molded ACL, brace Body part: Right 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) Knee-Leg Braces Custom-Fabricates Knee braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints

Page(s): 340.

Decision rationale: The MTUS states that a knee 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. There is no documentation supporting a knee brace at this time. DME: Custom Molded ACL, brace Body part: Right Knee Brace is not medically necessary.