

Case Number:	CM15-0099985		
Date Assigned:	06/02/2015	Date of Injury:	10/21/2014
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/22/2015

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: New Jersey, New York
 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 28 year old male, who sustained an industrial injury on 10/21/14. He reported both legs pinned under truck. The injured worker was diagnosed as having calcaneal fracture, radiculopathy of thoracolumbar region, right ankle fracture and quadriceps muscle strain. Treatment to date has included physical therapy, oral medications and activity restrictions. (MRI) magnetic resonance imaging of right knee and thoracic spine performed on 2/4/15 revealed no abnormalities to the thoracic spine and question of lateral meniscus tear of right knee. Currently, the injured worker complains of pain in lower back. The injured worker is temporarily totally disabled. Physical exam noted point specific tenderness in the mid back area to palpation, straight leg raise causes pain in low back and deep tendon reflexes to patella and Achilles tendons bilaterally are reduced. He is ambulating without cane or crutches. A request for authorization was submitted for (MRI) magnetic resonance imaging of ankle/foot, knee and ankle brace and 2nd opinion orthopedic surgeon.

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 Page(s): 340.

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

Decision rationale: As per the MTUS guidelines, "a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament 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." The patient does not suffer from any of the conditions stated above and would not be undergoing any strenuous activities that would require a brace. There is no documentation of instability of the knee. Therefore, the request is considered medically unnecessary.