

Case Number:	CM13-0021833		
Date Assigned:	11/13/2013	Date of Injury:	07/17/2003
Decision Date:	02/04/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 17, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; the apparent imposition of permanent work restrictions; prior left knee arthroscopy in 2004; Synvisc injections to the left knee in 2013; corticosteroid injections to the left knee, also in 2013; attorney representation; and transfer of care to and from various providers in various specialties. In a utilization review report of August 14, 2013, the claims administrator denied a request for custom knee brace with an associated undergarment. A fitting fee was also denied. The applicant's attorney later appealed. In an August 8, 2013 progress note, the applicant is described as presenting with knee pain. He is given knee corticosteroid injection in the clinic. He was given a Synvisc injection on June 27, 2013. A June 11, 2013 progress notes does suggest that the applicant is working unrestricted. The applicant's job duties are not described, however. Multiple notes in 2012 and 2013 are reviewed in which the applicant obtains various knee steroid injections and Synvisc injections. The applicant is described as having well-preserved range of motion from 0 to 125 degrees about the injured left knee. No clear rationale for the proposed knee brace is provided. The applicant's job duties are not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Defiance custom brace left knee x2: 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 and Leg Procedure Summary.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 13, using a brace is necessary only if an applicant is going to be carrying boxes or stressing a knee under load, as by climbing ladders or carrying boxes. In this case, however, the applicant's job duties have not been clearly detailed or clearly described. It is not clearly stated how or if the applicant is stressing the injured knee. Therefore, the request is not certified.

Defiance custom brace right knee x2: 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 and Leg Procedure Summary.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 13, a brace is usually necessary only if an applicant is going to stressing an injured knee under load, as like carrying boxes or climbing ladders. In this case, however, the applicant's job duties have not been clearly described. It is further noted that all the applicant symptoms seemingly pertain to the injured left knee. There is little or no mention made of right knee issues or right symptoms. No rationale for the usage of the brace was proffered by the attending provider. Therefore, the request is not certified.

Lycra undergarment - large x2 (1 for each knee): 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 and Leg Procedure Summary.

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

Decision rationale: As noted above, in questions 1 and 2, the proposed knee braces were not certified. Since the knee braces are not certified, the under garments is also not indicated here. Again, no job duties or job description were provided. ACOEM notes that knee braces are indicated only if an applicant is going to be stressing an injured knee under load. In this case, however, no job description was provided. The applicant's job duties are unknown. There is no mention of any knee instability for which a custom-knee brace and/or an associated undergarment would be indicated. Therefore, the request is not certified.

Patient set-up/education/fitting fee: 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.

Decision rationale: Again, the knee braces and associated undergarments have been not certified above, in questions 1 through 3. Therefore, the proposed patient's setup fee and education are also not indicated. Again, the documentation on file did not describe or elaborate upon the extent of the applicant's knee instability (if any) and/or need for the brace. For all of these reasons, the request is not certified.