MAXIMUS Federal Services

Case Number:	CM13-0064648		
Date Assigned:	01/03/2014	Date of Injury:	08/27/2010
Decision Date:	08/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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. The expert 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 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/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 August 27, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple left knee arthroscopies; left knee steroid injection therapy; and viscosupplementation injection. In a Utilization Review Report dated November 27, 2013, the claims administrator denied a request for knee bracing, citing non-MTUS ODG Guidelines in conjunction with Chapter 13 ACOEM Guidelines. The claims administrator did not, however, incorporate either sets of guidelines into its rationale and stated that the attending provider did not perform a functional assessment on the knee on the date in question. In a medical-legal evaluation of November 20, 2013, the applicant presented with low back and bilateral knee pain. The applicant was reportedly wearing a brace for the left knee but not the right. The applicant stated his left knee complaints were 10 times worse than his right. The applicant was having difficulty with prolonged standing and walking. The applicant is having difficulty sleeping, it was noted. The applicant had "remained off of work," it was acknowledged. It was stated the applicant was likely in need of a total knee arthroplasty. The applicant was placed off of work, on total temporary disability, by the medical-legal evaluator. An earlier note of July 31, 2013, the applicant was placed off of work, on total temporary disability. A Synvisc injection was performed. The applicant was asked to pursue physical therapy. The applicant's gait was not clearly described on this date. On progress notes of October 22, 2013 and September 10, 2013, it was again reiterated that the applicant was off of work, on total temporary disability. It was stated that the applicant wished to avoid knee surgery. Steroid injection therapy was performed. The applicant's gait, once again, was not described, although the applicant was already apparently wearing an Unloader brace about the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ONE (1) LEFT XL KUHL KNAPP BRACE FOR DOS 7/31/2013: Upheld

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

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 13, page 340 acknowledged that knee brace is necessary if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes, in this case, however, the applicant is off of work, on total temporary disability. The applicant is unlikely to be climbing ladders or carrying boxes or performing other activities that generate considerable stress upon the knee. It is further noted that the attending provider has not clearly described or documented the applicant's gait on any recent progress note provided. Therefore, the proposed Kuhl knee brace was not medically necessary.

RETROSPECTIVE REQUEST FOR TWO (2) HINGES (KNEE DISC / DIAL LOCK WITH ADJUSTABLE FLEXION) FOR DOS 7/31/2013: Upheld

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

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

Decision rationale: This is a derivative request. The hinges were apparently provided in conjunction with the knee brace in dispute, in question #1. As noted previously, the MTUS-adopted ACOEM Guidelines in Chapter 13, page 340 state that a knee brace is usually necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. In this case, since the applicant is off of work, on total temporary disability, he is unlikely to be climbing ladders and/or carrying boxes. It is further noted that the knee brace in question has been likewise deemed not medically necessary, in response #1. Therefore, the derivative request for hinges is likewise not medically necessary.