

Case Number:	CM14-0153843		
Date Assigned:	09/23/2014	Date of Injury:	07/19/2011
Decision Date:	12/26/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/20/2014

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 knee pain reportedly associated with an industrial injury of July 19, 2011. In a Utilization Review Report dated September 11, 2014, the claims administrator denied an unloading knee brace. The claims administrator stated that it had conducted a teleconference with the attending provider and had been informed that the applicant did not have any bona fide knee instability. The applicant's attorney subsequently appealed. In March 19, 2014 Medical-legal Evaluation, it was suggested that the applicant was capable of performing all of the usual and customary functions of his job. The applicant was given several impairment ratings for several different body parts/regions. X-rays of the knee of August 20, 2014 were notable for mild degenerative arthritic changes with an incidentally noted osteochondral body. In an August 22, 2014 progress note, the applicant was described as working as a housekeeper, with job duties including lifting, kneeling, squatting, climbing, twisting, and manipulating. Multifocal complaints of shoulder, knee, and back pain were noted. The applicant did have comorbid diabetes. The applicant did have a fairly physically arduous job as a housekeeper, it was reiterated. Some swelling was appreciated about the knee. Physical therapy, home exercises, and regular duty work were seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unloading Knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and leg chapter

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 340, usually a knee brace is necessary only if an applicant is going to be stressing the knee under load, as by climbing ladders and/or carrying boxes. Here, the applicant's job as a housekeeper is apparently a physically arduous one and does seemingly require climbing ladders and/or carrying boxes. The applicant is having ongoing complaints of knee pain with said activities, the requesting provider has posited. Concomitant provision of a knee brace to be employed while employed while performing said activities is, thus, indicated. Accordingly, the request is medically necessary.