

Case Number:	CM14-0020604		
Date Assigned:	04/30/2014	Date of Injury:	12/04/2013
Decision Date:	07/08/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 42 year-old with a date of injury of 12/04/13. A progress report associated with the request for services, dated 01/27/14, identified subjective complaints of left knee pain, worse with activity. She works as an instructional aide. Objective findings included tenderness to palpation and decreased range-of-motion. McMurray's test was positive. Tests for instability were not documented. Routine x-rays of the knee were unremarkable. Diagnoses included left knee sprain/strain. Treatment had included no prior medications or physical therapy. A Utilization Review determination was rendered on 02/06/14 recommending non-certification of left hinged knee brace and initial Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT HINGED KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Knee Braces.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that prophylactic or prolonged bracing of the knee is not recommended. The Official Disability

Guidelines (ODG) state that knee braces are recommended under the certain conditions. They further note that in all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, the criteria for a brace are not met. Instability was not documented nor a concurrent rehabilitation program. Likewise, the claimant's job does not require the knee to be stressed under load. Therefore, the record does not document the medical necessity for a hinged knee brace.

INITIAL FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) GUIDELINES, , 137, the ODG, Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation ODG, Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state that a Functional Capacity Evaluation (FCE) may be necessary as part of a work hardening program where functional limitations preclude the ability to safely achieve current job demands that are at a medium to high level (not clerical/sedentary work). Chapter 5 of the ACOEM states that a clinician should specify what a patient is currently able and unable to do. Often this can be ascertained from the history, from questions about activities, and then extrapolating based on other patients with similar conditions. If unable to do this, then under some circumstances, this can be done through an FCE. The Official Disability Guidelines state that an FCE should be considered if a patient has undergone prior unsuccessful return to work attempts. They do note that an FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. They also note that the patient should be close to maximum medical improvement. The above criteria have not been met. The claimant has not reached maximum medical improvement. There have been no prior unsuccessful return- to-work attempts. There is no documentation of the need for a work-hardening program and her job description does not fall into the medium/hard exertion level. Therefore, there is no documented medical necessity for a Functional Capacity Examination.