

Case Number:	CM14-0048538		
Date Assigned:	06/25/2014	Date of Injury:	06/01/2000
Decision Date:	02/03/2015	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/28/2014

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 chronic knee pain reportedly associated with an industrial injury of June 1, 2000. In a Utilization Review Report dated March 11, 2014, the claims administrator denied a knee brace. Non-MTUS ODG Guidelines and non-MTUS 2008 ACOEM Guidelines were invoked in the denial, the latter of which were mislabeled as originating from the MTUS. A February 27, 2014 progress note was also referenced. In said February 27, 2014 progress note, the applicant reported bilateral knee pain. The applicant stated that his knee gave out intermittently. The applicant had bone-on-bone knee arthritis, it was noted. A knee corticosteroid injection was performed in the clinic. The applicant was asked to consider total knee arthroplasty. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. The progress note did not explicitly state for what purpose the knee brace was being endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DON JOY PLAYMAKER KNEE BRACE L1820: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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, for the average applicant, a knee brace is "usually unnecessary." Rather, ACOEM suggests reserving knee braces in applicants who are going to be stressing the knee under load, such as by climbing ladders or carrying boxes. In this case, the applicant's work status was not clearly stated. There was no mention of the applicant's climbing ladders and/or carrying boxes. Indeed, the February 27, 2014 progress note did not clearly state how the proposed knee brace would advance the applicant's activity level. Therefore, the request is not medically necessary.