

Case Number:	CM14-006650		
Date Assigned:	07/11/2014	Date of Injury:	03/16/2012
Decision Date:	02/26/2015	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 March 15, 2012. In a Utilization Review Report dated April 10, 2014, the claims administrator denied a request for a postoperative knee brace. The claims administrator referenced a January 28, 2014 progress note in its determination. The claims administrator stated that the applicant had undergone earlier knee surgery on January 8, 2014. The claims administrator referenced non-MTUS 2008 ACOEM Guidelines in its determination and mislabeled the same as originating from the MTUS. The claims administrator stated that its decision was based on the alleged paucity of information furnished by the attending provider. In a January 28, 2014 progress note, difficult to follow, somewhat blurred as a result of repetitive photocopying, the applicant reported persistent complaints of knee pain status post earlier left knee surgery to ameliorate medial meniscal tear, lateral meniscal tear, and ACL tear. Postoperative physical therapy was endorsed in conjunction with a hinged knee brace while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op knee brace: Overturned

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): Table 13-6, 346.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 346, functional bracing is deemed "optional" as part of a rehabilitation program. Here, the attending provider did seemingly suggest that the knee brace at issue was intended for use in conjunction with a program of functional restoration/postoperative physical therapy. The applicant did apparently have residual postoperative knee issues which were likely amenable to the brace at issue. Therefore, the request was medically necessary.