MAXIMUS Federal Services

Case Number:	CM14-0080155		
Date Assigned:	07/18/2014	Date of Injury:	07/17/2010
Decision Date:	02/03/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/30/2014

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 July 17, 2010.In a Utilization Review Report dated May 20, 2014, the claims administrator failed to approve a request for a knee brace. The applicant was pending a knee arthroscopy, the claims administrator contended, at age 74. The claims administrator invoked non-MTUSODG guidelines to deny the brace, despite the fact that the MTUS addressed the topic. An RFA form of May 20, 2014 and a progress note of January 18, 2014 were invoked.On September 23, 2013, the applicant presented with ongoing complaints of low back and bilateral knee pain. Ambien, Norflex, Prilosec, and oral ketoprofen were endorsed, along with permanent work restrictions previously imposed by a medical-legal evaluator.On December 19, 2013, the applicant's orthopedic knee surgeon stated that the applicant exhibited a normal gait and was ambulating without the aid of any assistive device despite ongoing complaints of knee pain, catching, and locking. A rather proscriptive 10-pound lifting limitation was endorsed, although it did not appear that the applicant was working with said limitation in place. A knee arthroscopy procedure was sought, along with psychotherapy. The knee brace at issue was seemingly sought for postoperative use purposes, although this was not clearly articulated.On November 27, 2014, the attending provider noted that the applicant had been approved for partial meniscectomy and chondroplasty. Twelve sessions of physical therapy were endorsed.In an RFA form dated January 6, 2014, the attending provider sought authorization for brand-name PRO-ROM postoperative knee brace purchase. No rationale or clinical progress note was seemingly attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-Pro-ROM post op knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Chapter Knee & leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346.

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 that knee braces should generally be reserved for applicants who are going to be stressing the knee under load, such as by carrying boxes or climbing ladders. Here, the applicant does not appear to be working at age 74, with a rather proscriptive 10-pound lifting limitation in place. The applicant is, thus, unlikely to be stressing the knee under load, such as by climbing ladders and/or carrying boxes. While ACOEM does qualify its position on knee braces by noting in Chapter 13, Table 13-6, page 346 that functional bracing is "optional" as part of a rehabilitation program, in this case, however, the attending provider did not explicitly state that how the knee brace at issue was intended to advance the applicant's activity level. It was not clearly stated for what purpose the knee brace was intended. The brand-name knee brace at issue was apparently sought via an RFA form without associated narrative commentary. Therefore, the request is not medically necessary.