

Case Number:	CM15-0009208		
Date Assigned:	01/27/2015	Date of Injury:	09/16/2013
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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 injured worker is a 59 year old female who sustained a work related injury on September 16, 2013. Injuries incurred were of the right knee. Diagnosis included a right knee internal derangement. Treatment included cortisone injections to the knee, physical therapy, Non-Steroidal Anti-Inflammatory Drugs, and pain medications. Currently, on November 3, 2014, the injured worker complains of pain and stiffness in the right knee. Diagnosis of chondromalacia patella of the right knee and patellofemoral tracking syndrome is made. Treatments included physical therapy and medications. On January 27, 2015, a request for a custom right knee support was non-certified by Utilization Review, noting the ACOEM and Official Disability Guidelines for knee injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom right knee support: Upheld

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

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

Decision rationale: The applicant is a represented 59-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 16, 2013. In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve a request for custom knee support. The applicant's attorney subsequently appealed. In a November 3, 2014 progress note, the applicant reported ongoing complaints of knee pain and stiffness, 6-7/10. Physical therapy, viscosupplementation injections, and a knee support were endorsed. The knee support was endorsed on the grounds that the applicant's previously provided knee support had reportedly worn out. A rather proscriptive 10-pound lifting limitation was endorsed, which the attending provider stated the applicant's employer was likely unable to accommodate. Tenderness and crepitation were appreciated about the injured knee. The applicant was given a diagnosis of severe chondromalacia patellae. The applicant's gait, however, was not clearly described or characterized. Decision for custom right knee support: No, the proposed custom right knee support was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, a knee brace is usually necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. ACOEM further notes that, for the average applicant, a knee brace is typically unnecessary. Here, the applicant was seemingly off of work. The applicant's gait was not clearly described or characterized. There was no mention of the applicant performing activities such as climbing ladders and/or carrying boxes. Therefore, the request was not medically necessary.