

Case Number:	CM15-0104599		
Date Assigned:	07/17/2015	Date of Injury:	11/10/1995
Decision Date:	08/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/01/2015

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, New York, 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 60-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 10, 1995. In a Utilization Review report dated May 4, 2015, the claims administrator failed to approve a request for a pair of bilateral knee sleeves while conditionally denying Oxycodone. The claims administrator referenced an April 22, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On April 22, 2015, knee sleeves, a GI consultation, and Oxycodone were endorsed while the applicant was placed off of work, on total temporary disability, through June 5, 2015. A pain management consultation was sought. The applicant was described as exhibiting a slow and guarded gait. Multifocal complaints of knee, hip, low back, shoulder, and wrist pain were reported. The applicant was apparently using a cane to move about, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee sleeves, 1 pair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee brace (2015).

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

Decision rationale: No, the request for a pair of bilateral knee sleeves was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant, a knee brace is usually unnecessary. Rather, ACOEM suggests that knee braces should be reserved for those applicants who are going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, however, the applicant was placed off of work, on total temporary disability, on April 22, 2015, making it unlikely that the applicant would be climbing ladders and/or carrying boxes. Therefore, the request was not medically necessary.