

Case Number:	CM15-0163709		
Date Assigned:	08/31/2015	Date of Injury:	06/30/2005
Decision Date:	10/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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 70-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 30, 2005. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve a request for a hinged knee brace. The claims administrator referenced an RFA form dated August 3, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On said August 3, 2015 progress note, the applicant had ongoing complaints of knee pain, 5/10. The applicant was on tramadol and Voltaren gel for pain relief, it was reported. The applicant had undergone a total knee arthroplasty procedure. Tramadol and a knee brace were endorsed. The knee brace was endorsed as the applicant's previously provided knee brace had worn out. The applicant's work status was not furnished, although it did not appear that the applicant was working. On May 4, 2015, the attending provider stated that the applicant was at maximum medical improvement but did not explicitly state whether the applicant was or was not working. The applicant was on tramadol for pain relief. The applicant was walking with a mildly antalgic gait without the usage of a cane, crutch, walker, or other assistive device, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) hinged left knee brace: Upheld

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

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

Decision rationale: No, the request for a hinged knee brace 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, the MTUS Guideline in ACOEM Chapter 13, page 340 stipulates that a knee brace is usually necessary only for applicants who are going to be stressing the knee under load such as by climbing ladders or carrying boxes. Here, it did not appear that the applicant was working. There was no mention of the applicant's climbing ladders and/or carrying boxes on a regular or sustained basis. Therefore, the request was not medically necessary.