

Case Number:	CM15-0186145		
Date Assigned:	09/28/2015	Date of Injury:	03/18/1986
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/22/2015

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 [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 18, 1986. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve a request for a hinged patellar brace. An RFA form received on August 24, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form of August 24, 2015, a patellar brace was endorsed. In an associated work status report dated of August 18, 2015, it was acknowledged that the applicant was a "qualified injured worker," suggesting that the applicant was not, in fact, working. On a progress note dated August 18, 2015, it was stated that the applicant was receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers Compensation indemnity benefits. The applicant reported pain with negotiating stairs, attributed to advanced knee arthritis. The applicant was considering a total knee arthroplasty, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged patella knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: No, the request for a hinged patellar knee brace is 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 notes that knee brace is typically necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, however, the applicant was off of work, it was reported on August 18, 2015, strongly suggesting that the applicant was not likely to be climbing ladders, carrying boxes, or stressing the knee under load. Provision of a knee support was not indicated in the clinical and/or vocational context present here, per the MTUS Guideline in ACOEM Chapter 13, page 340. Therefore, the request is not medically necessary.