

Case Number:	CM15-0202640		
Date Assigned:	10/19/2015	Date of Injury:	12/27/2006
Decision Date:	12/04/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/14/2015

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 December 27, 2006. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for a knee brace. The claims administrator referenced an August 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 24, 2015, knee brace and a knee MR arthrogram were sought. On an associated progress note of August 24, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of knee, hip, and low back pain. A knee support was sought on the grounds that the applicant's previously provided knee brace had worn down. The applicant's gait was not clearly described or characterized. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working, although this did not appear to be the case. On an applicant questionnaire dated December 15, 2014, it was acknowledged that the applicant was not, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: No, the request for a left 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 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 assessing the knee under load, such as by climbing ladders or carrying boxes. Here, the applicant was seemingly off of work as of the date in question, August 24, 2015. It did not appear likely that the applicant would be stressing the knee under load, climbing ladders, and/or carrying boxes on or around the date in question. It did not appear that the applicant was working as of that date. Therefore, the request was not medically necessary.