MAXIMUS Federal Services

Case Number:	CM15-0208784		
Date Assigned:	10/27/2015	Date of Injury:	09/19/2012
Decision Date:	12/14/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/23/2015

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] who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 19, 2012. On a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for a knee wrap with hinges. The claims administrator referenced a September 14, 2015 office visit and an associated September 18, 2015 RFA form in its determination. On September 14, 2015, the applicant was placed off of work, on total temporary disability. Ongoing complaints of low back, knee, ankle, shoulder, and neck pain were reported. Motrin, Prilosec, and Ambien were endorsed. A TENS unit-interferential stimulator device, shoulder arthroscopy procedure, preoperative laboratory testing were endorsed. A knee wrap with hinges was also endorsed. On an earlier note dated August 10, 2015, the applicant was, once again, placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee wrap with hinges (needs to be filled for brace): Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: No, the request for a knee wrap with hinges (AKA 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 notes that a 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 placed off of work, on total temporary disability, as of the date of the request September 14, 2015, making unlikely that the applicant would climbing ladders, carrying boxes, or stressing the knee under load. Therefore, the request was not medically necessary.