

Case Number:	CM15-0044536		
Date Assigned:	03/16/2015	Date of Injury:	04/14/2009
Decision Date:	04/22/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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 injured worker (IW) is a 42-year-old female who sustained an industrial injury on 04/14/2009. The cervical spine, bilateral shoulders, bilateral elbows, bilateral wrists and the left knee were affected. Diagnoses include chondromalacia patellae. Treatment to date has included medications and physical therapy (PT). Diagnostics performed to date included x-rays and MRIs. According to the progress notes dated 2/4/15, the IW reported constant pain in the left knee; it has "given out" on occasion. There was tenderness and crepitus in the left knee on examination. Pain medications and PT provided temporary pain relief. The requested service was part of the provider's treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patellar stabilizing knee brace for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee - Brace.

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

Decision rationale: No, the proposed patellar stabilizing 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. Typically, ACOEM notes that a knee brace is necessary only for an applicant who is going to be stressing the knee under load, such as by climbing ladders or by carrying boxes. Here, the applicant was off of work, on total temporary disability. The applicant was receiving both Workers' Compensation indemnity benefits and Disability Insurance benefits, the treating provider acknowledged. Thus, the applicant was unlikely to be stressing the knee under load. The applicant was unlikely to be climbing ladders or carrying boxes on a day-to-day basis while at home. It is further noted that the attending provider did not clearly state what the fate of the applicant's previously provided knee support was. Therefore, the request was not medically necessary.