

Case Number:	CM15-0052155		
Date Assigned:	03/25/2015	Date of Injury:	12/20/2007
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/19/2015

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 74-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 28, 2007. In a Utilization Review report dated March 16, 2015, the claims administrator failed to approve a request a cold therapy knee brace and associated kneepads. The claims administrator referenced an RFA form received on March 11, 2015 in its determination. A progress note of February 3, 2015 was also referenced. The applicant's attorney subsequently appealed. On February 13, 2015, the applicant reported ongoing complaints of left knee pain, 7/10. The applicant's status post earlier knee arthroscopy, it was acknowledged, 18 sessions of physical therapy, 18 sessions of acupuncture, and a knee brace to apparently include a slot to facilitate application of hot and cold pads were endorsed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working at age 75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Breg kodial gold therapy brace/pads: 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) Chapter: Knee and Leg, continuous-flow cyrotherapy.

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

Decision rationale: No, the request for a knee brace to include cold therapy pads 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 if the applicant is going to be stressing the knee under load, such as by climbing ladders and/or by carrying boxes. Here, the applicant did not appear to be working at age 75, the treating provider noted. Ongoing usage of a knee brace was not, thus, indicated in the clinical context present here. Therefore, the brand-name knee brace to include cold pads was not medically necessary.