

Case Number:	CM15-0072381		
Date Assigned:	04/22/2015	Date of Injury:	02/08/2013
Decision Date:	08/13/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/16/2015

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 32-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 8, 2013. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve a request for a knee brace. The claims administrator referenced an RFA form received on April 9, 2015 in its determination. Non- MTUS ODG Guidelines were invoked. The claims administrator suggested that the attending provider had ordered a knee brace in a highly templated fashion, using a preprinted order form, without much in the way of supporting rationale. The applicant's attorney subsequently appealed. On March 5, 2015, a knee brace was endorsed via an RFA form. On February 3, 2015, a knee brace was endorsed via a handwritten prescription. Little in the way of supporting commentary was attached. No clinical progress notes were seemingly attached to the RFA form/order form.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-Patella Stabilizer Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities guidelines.

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

Decision rationale: No, the request for a pro-patella knee brace/knee stabilizer 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, using a knee brace is usually unnecessary. Rather, ACOEM notes that knee braces are typically necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, the applicant's work status, functional status, job duties, etc., were not attached to the order form of February 3, 2015 or to the RFA form of March 5, 2015. No clinical progress notes were attached. It was not stated for what issue, diagnosis, and/or purpose the knee brace was indicated, nor it was stated whether the applicant was or was not working and/or what the applicant's job duties entailed. Therefore, the request was not medically necessary.