

Case Number:	CM15-0126335		
Date Assigned:	07/13/2015	Date of Injury:	01/20/2015
Decision Date:	08/11/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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 35-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 20, 2015. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve a request for a knee brace. The claims administrator referenced a June 1, 2015 progress note and associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. In an applicant questionnaire dated June 1, 2015, handwritten, difficult to follow, not entirely legible, the applicant acknowledged that he was unchanged. The applicant acknowledged that he was not working, despite receipt of 12 sessions of physical therapy. In an associated handwritten note of the same date, June 1, 2015, difficult to follow, not entirely legible, the attending provider suggested that the applicant had a hinged knee brace which was either not fitting and/or not providing proper support. The applicant's gait was not clearly described. The applicant did exhibit a positive McMurray maneuver. A replacement knee brace was sought. The applicant was given a rather proscriptive 10-pound lifting limitation which, in effect, was seemingly resulting in his removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osteoarthritis Knee Brace: 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).

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

Decision rationale: No, the request for a knee brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340 on Activity Alteration, for the average applicant, using a knee brace is usually unnecessary. Rather, ACOEM suggests that knee braces are necessary only in applicants who are going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, the applicant was seemingly off of work, on total temporary disability, as of the date of the request, the applicant acknowledged on a questionnaire dated June 1, 2015, making it unlikely that the applicant would be stressing the knee under load, such as by climbing ladders or carrying boxes on a regular basis. Therefore, the request was not medically necessary.