MAXIMUS Federal Services

Case Number:	CM15-0070005		
Date Assigned:	04/17/2015	Date of Injury:	02/16/2011
Decision Date:	05/19/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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 49-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 16, 2011. In a Utilization Review report dated April 2, 2015, the claims administrator failed to approve a request for a custom molded knee brace. A RFA form received on March 18, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On January 7, 2015, the applicant's psychologist noted that the applicant had a variety of chronic pain and depressive symptoms. The applicant was permanently disabled, the treating provider reported, apparently owing to a combination of psychiatric and/or chronic pain issues. On February 4, 2015, the applicant's psychiatrist reiterated that the applicant had been deemed permanently disabled and would therefore remain off of work. On March 12, 2015, the applicant was placed off of work, on total temporary disability. The applicant was apparently pending knee surgery. The applicant was receiving Workers Compensation indemnity benefits, Social Security Disability Insurance (SSDI), and State Disability Insurance (SDI) benefits, the treating provider reported. The treating provider stated that he was seeking a replacement knee brace on the grounds that the applicant had lost 50 pounds, resulting in the previous knee brace not fitting properly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Defiance brace molded plastic for right knee: Upheld

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

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

Decision rationale: No, the proposed custom molded 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". 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, however, the applicant was off of work as of the date of the request, March 12, 2015, it was acknowledged. The applicant, thus, was unlikely to be stressing the knee under load, climbing ladders, and/or carrying boxes. Introduction of a knee brace was not, thus, indicated on or around the date in question. Therefore, the request is not medically necessary.