

Case Number:	CM15-0070022		
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 knee brace. The claims administrator referenced RFA form received on March 18, 2015 in its determination. The applicant's attorney subsequently appealed. In a January 7, 2015 psychology note, the applicant reported ongoing complaints of psychological stress, depression, anxiety, and weight gain. The applicant weighed 261 pounds, it was reported. The applicant's medications included Pristiq, Neurontin, Losartan, Norco, Lipitor, Protonix, tramadol, fenoprofen, Naprosyn, and Mobic, it was noted. The applicant was placed off of work. The applicant has been deemed permanently disabled, it was acknowledged. On March 12, 2015, the applicant was again placed off of work, on total temporary disability, from a medical prospective. A knee brace, Nalfon, tramadol, Norco, Effexor, Desyrel, TENS unit, and physical therapy were endorsed. The applicant was using cane to move about. The applicant had gained 50 pounds, it was suggested. The applicant exhibited a positive McMurray maneuver on provocative testing of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged Knee Brace/Wraps for the left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120, 16-19.

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

Decision rationale: No, the request for a hinged knee brace for the knee was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 13, page 340 for the average applicant, using a knee brace is usually unnecessary. Rather, ACOEM suggests preserving knee braces for applicants who are going to be accessing the knee under load, such as by climbing ladders or carrying boxes. Here, the applicant was off of work, both the applicant's pain management physician and psychiatrist reported. It did not appear that the applicant was likely to be stressing the knee under load, climbing ladders, and/or carrying boxes. Therefore, the request was not medically necessary.