MAXIMUS Federal Services

Case Number:	CM15-0074289		
Date Assigned:	04/24/2015	Date of Injury:	06/21/2011
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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 45-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 21, 2011. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve a request for a knee brace. The claims administrator referenced a March 2, 2015 progress note and March 13, 2015 RFA form in its determination. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addressed the topic. On October 16, 2014, the applicant reported ongoing complaints of knee, neck, and wrist pain with associated sleep disturbance. The applicant was currently unemployed. The applicant was placed off of work, on total temporary disability. Norco, fenoprofen, Flexeril, and Neurontin were endorsed. The claims administrator's medical evidence log suggested that the October 16, 2014 progress note was, in fact, the most recent note on file; thus, the March 2, 2015 office visit and associated March 13, 2015 RFA form made available to the claims administrator were not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Short runner knee brace for the right knee: 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), Knee and Leg Chapter, Durable Medical Equipment.

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

Decision rationale: No, the request for a knee brace for the right knee 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. Rather, ACOEM notes that knee brace is typically necessary only if an applicant is going to stressing the knee and/or load, such as by climbing ladders or carrying boxes. Here, the historical information on file suggested that the applicant was off of work, on total temporary disability. Thus, it was unlikely that the applicant would in fact be climbing ladders and/or carrying boxes. While it was acknowledged that more recent March 2015 documentation made available by the claims administrator was not seemingly incorporated into the IMR packet, the historical information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.