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**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for durable medical equipment (DME) – knee brace **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/17/2013 disputing the Utilization Review Denial dated 6/4/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for durable medical equipment (DME) – knee brace **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 4, 2013

“Diagnosis is left knee contusion, quadriceps strain. MD notes left knee pain is 9/10. There are no detailed and objective exam findings documented that would support the request for a knee brace. Given the lack of sufficient clinical information, request not medically necessary. Refer to clinical judgment.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 6/17/13)
- Utilization Review Determination (dated 6/4/13)
- Request for Authorization from Dr. [REDACTED] (dated 6/28/13)
- Correspondence from [REDACTED] (dated 6/4/13, 7/8/13)
- Medical Records from [REDACTED] (5/22/13 - 6/3/13)

### **1) Regarding the request for durable medical equipment (DME) – knee brace:**

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not provide any evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS applicable and relevant. The Expert Reviewer based their decision on the Official Disability

Guidelines (updated 2013), Knee Chapter, Knee Brace Section, which is a Medical Treatment Guideline (MTG) not in the MTUS, is the most recent version of the MTG, and is applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 5/21/13 the employee sustained a work-related injury to the left knee. A review of the medical records submitted for review revealed initial treatment in the emergency room consisted of prescription medication and X-rays. X-rays shows mild degenerative changes with no evidence of fracture, dislocation or instability. Diagnosis was left knee contusion and quadriceps strain. A progress report dated 5/24/13 revealed the employee continues to experience knee pain. Six visits of physical therapy were requested and approved. A request was submitted for durable medical equipment in the form of a knee brace.

ODG state knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. Medical records show there is +3 pain in the anterior knee, pain with flexion, and full range of motion in the knee. There is pain in the patellar area and the lateral knee. There is no evidence the employee is experiencing laxity, instability, ligament issues, or has undergone surgical intervention. The request for durable medical equipment (DME) – knee brace **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.



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