MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 8/30/2013

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/3/2013
Date of Injury:	4/28/2006
IMR Application Received:	7/9/2013
MAXIMUS Case Number:	CM13-0001068

1) MAXIMUS Federal Services, Inc. has determined the request for a KNEO knee brace **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/9/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/10/2013. 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 a KNEO 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 July 3, 2013

"According to the medical records, the patient is a 59 year-old female who sustained an industrial injury on April 20, 2006. She is status post bilateral knee surgery, left in 2007 and right in 2009. The patient was dispensed a multipositional knee brace on January 25, 2013 and this was certified on April 11, 2013. Prior request for a Defiance brace, an Unloader brace and a hinged brace were non-certified.

"A September 14, 2012 report noted a KNEO OA unloading brace to reduce joint line was recommended.

"A November 30, 2012 report by Dr. [redacted] noted the patient has not worked since 2006. She was retired. She was collecting retirement money. She had access to a right knee brace, hot cold wrap, collar with gel, neck pillow and a TENS unit. She smokes a half pack per day.

"A May 15, 2013 report noted the patient had a pull on brace which gave her some support but does not help her with stairs and hills. The patient had instability, popping, clicking getting out of her left knee. The examination at range of motion was 90 to 175 with tenderness. The treatment plan was for standing x-rays and MRI lumbar spine.

"A June 12, 2013 report noted the patient reported constant low back pain. She had been approved for standing x-rays on the bilateral knees. The treatment plan was for a KNEO brace for this patient. The purpose was for better support and improved standing and walking.

"A request for additional information was sent by the utilization review nurse to Dr. [redacted] on June 24, 2013. Clarification and description of the "KNEO" knee brace was requested. The requested information was not received."

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 on 7/9/13)
- Utilization Review Determination (dated 7/3/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Knee Chapter 13, section "Activity Alterations", pg 340
- Medical Records from [redacted], MD (dated 5/18/12 – 1/25/13)

1) **Regarding the request for a KNEO knee brace :**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Knee Chapter 13, section "Activity Alterations", pg 340, part of the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) (2009), Knee Chapter, a medical treatment guideline (MTG) not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the ODG used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:
On 4/20/2006 the employee sustained an industrial injury. Medical records submitted and reviewed indicate diagnoses include bilateral internal knee derangement. Treatment has included bilateral knee surgery, knee brace, TENS unit and medications. A request was submitted for a KNEO knee brace.

The MTUS does not specifically address the use of an unloader knee brace. The Official Disability Guidelines recommend the use of an unloader knee brace for relief of medial joint pain associated with osteoarthritis. The records reviewed indicate the employee experiences medial tenderness along the joint line but there is no evidence to support the presence of osteoarthritis. The medical records indicate bilateral X-rays were requested but these were not included in the records reviewed. The request for a KNEO 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
1515 Clay Street, 18th Floor
Oakland, CA 94612

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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.