

Case Number:	CM13-0044395		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2012
Decision Date:	03/26/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 67 year old female, with a date of injury of April 02, 2012. Her primary diagnosis is left knee strain/contusion. The mechanism of injury was when the patient fell forward landing onto her knees. The most recent consultation note dated September 11, 2013 by [REDACTED] documented a subjective complaint of left knee pain. Objective findings included left knee crepitus, and left knee prepatellar bursa tenderness. Bilateral knee range of motion was an extension of 0 degrees, flexion of 130 degrees. Deep tendon reflexes were symmetric and physiologic 2/4 at the patella bilaterally. Motor strength with extension and flexion of the left knee was 4/5 (mild weakness). There was a positive patella compression test on the left knee. There were negative anterior drawer, posterior drawer, McMurray's, pivot shift, and tibial sag tests bilaterally. The treatment plan included an MRI of left knee, bilateral knee sleeves, cyclobenzaprine, and hydrocodone. Utilization review of October 24, 2013 by D [REDACTED] recommended non-certification of the request for the bilateral knee sleeves.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral knee sleeve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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

Decision rationale: The California MTUS/ACOEM practice guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability. The most recently available consultation note of September 11, 2013 by [REDACTED] documented negative anterior drawer, posterior drawer, McMurray's, pivot shift, and tibial sag tests bilaterally, which are evidence of knee stability. The diagnosis was strain/contusion of the left knee. There was no diagnosis given for the right knee. There was no evidence of knee instability. The submitted medical records do not support the medical necessity of bilateral knee sleeves. Therefore, the request for bilateral knee sleeves is not medically necessary.