MAXIMUS Federal Services

Case Number:	CM13-0044732		
Date Assigned:	03/28/2014	Date of Injury:	03/09/2012
Decision Date:	05/23/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/31/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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 claimant is a 44 year old injured March 9, 2012. The clinical records indicate that the claimant has undergone four prior surgical arthroscopic procedures to the left knee including meniscectomy revisions meniscectomy, abrasion chondroplasty to the trochlear groove and various degrees of synovectomy. There is no documentation of anterior cruciate ligament injury. The clinical assessment of November 7, 2013 showed continued complaints of pain about the knee stating it is increased with activity. The physical examination states the claimant's previous knee brace is "worn down and malfunctioning." His motion at that date was 0 to 130 degrees with tenderness about the lateral joint line, a mild effusion and no other significant findings noted. The claimant was given the diagnosis of status post left knee meniscectomy with marked improvement and return to work. The recommendation was for a new brace and a six week follow-up of repeat plain film radiographs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Orthosis Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on the CA ACOEM Guidelines the knee orthosis brace is not supported. The records indicate a stable knee examination status post a recent meniscectomy. There is current no indication of instability or structural deficit that would support the acute need of bracing. The clinical request is not supported. The request for knee orthosis purchase is not medically necessary.

ACL brace dial locks purchase: Upheld

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

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

Decision rationale: Based on the CA ACOEM Guidelines the need for bracing in this case is not established. This would negate modifications of the brace in question that are being requested. This specific request is not supported. The request for ACL brace dial locks purchase is not medically necessary.

Orthotic extremity purchase #2 with addition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 340.

Decision rationale: Based on the CA ACOEM Guidelines the need for bracing in this case is not established. This would negate modifications of the brace in question that are being requested. This specific request is not supported. The request for orthotic extremity purchase, #2, with addition is not medically necessary.

The request for an undergarment purchase for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on the CA ACOEM Guidelines the need for bracing in this case is not established. This would negate modifications of the brace in question that are being

requested. This specific request is not supported. The request for an undergarment purchase for the left knee is not medically necessary.