

<b>Case Number:</b>	CM13-0051941		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/17/2011
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Washington DC, Maryland, and Florida. 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 57 -year-old male driver who reported a work-related injury on 07/17/11, when he tried to close a trailer door when it snapped and fell, striking his right knee and foot. The patient has prior history of lumbar laminectomy at L4-5, date not provided. Post last injury, the patient underwent a right knee diagnostic arthroscopy, partial lateral/medial resection, chondroplasty, synovectomy involving the medial and lateral compartments on 11/21/11 and a right knee surgery (not specified) in about January 2013. The patient complains of moderate to severe pain in right knee especially with ambulation, reports popping sound and crepitus and pain medications do not relieve his pain and also reports near constant pain of the low back that radiates into the coccyx, hips and left leg. Most recent MRI of right knee on 04/07/13 revealed there is extrusion, reduction in the size of the body of the medial meniscus. Slight lateral tilt of the patella, small effusion noted with fluid extending into the suprapatellar bursa, marginal osteophytes in tibial and femoral condyles and patella. - X-ray of the right knee on 3/13/13 was noted that showed diffuse soft tissue swelling over the knee with mild narrowing of the joint space medially. MRI of lumbar spine on 04/07/13 revealed at L 1-2, broad based disc protrusion that abuts the thecal sac combined with facet and ligamentum hypertrophy with spinal can narrowing and bilateral neural foramina I narrowing. At L2-3, broad-based disc protrusion that abuts the thecal sac combined with facet and ligamentum hypertrophy with .spinal can narrowing and bilateral neural foramina I narrowing. At L3-4, left paracentral disc protrusion that abuts the thecal sac combined with facet and ligamentum hypertrophy with spinal can narrowing as well as left greater than right neural foramina! narrowing. At L4-5, post left laminectomy, left paracentral disc protrusion and left facet hypertrophy produces left lateral recess and left neuroforaminal narrowing. According to progress report dated 08/01/13; right knee exam

revealed tenderness to palpation over the prepatellar region with patellar tracking and retropatellar crepitus: Range of motion reveals flexion of 90' and extension of 0'. McMurrays and Apley's test were positive. Patellar apprehension test and patellar grinding are positive. Lumbar exam revealed tenderness over the paralumbar and gluteus muscles bilaterally, unable to perform range of motion exam due to pain. Straight leg raise at 50' on the right and 70' on the left. The treating physician noted the patient continues to be symptomatic at 8 months post right knee surgery and needs a total knee replacement and is recommending knee brace, ace wrap, continue use of interferential unit at home. The treating physician is requesting authorization for post-operative Durable Medical Equipment; Ace Wrap Compression High.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**2 of 4 Ace Wrap Compression; High: 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 (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Knee Knee & Leg (Acute & Chronic)(updated 01/20/14)Durable Medical Equipment.

**Decision rationale:** Regarding 2 of 4 Ace wrap compression high, the treating physician recommended total knee arthroplasty and post-operative Ace Wrap Compression High. However, documentation submitted for this review lacked evidence that requested total knee arthroplasty was approved by the carrier. Therefore, the requested Ace Wrap Compression High is not medically necessary since the surgical procedure was not approved.