

Case Number:	CM13-0068753		
Date Assigned:	01/24/2014	Date of Injury:	07/23/2010
Decision Date:	05/20/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/19/2013

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:

This is a 67-year-old with a reported injury date of July 23, 2010. Specific to the patient's left knee there is a recent progress report by [REDACTED] from November 14, 2013 indicating ongoing complaints of pain about the left knee. The record documented that recent care has included viscosupplementation injections, prior corticosteroid injection, therapy, medication management, and activity restrictions with limited benefit. Her current working diagnosis is that of chondromalacia patella with objective findings of tenderness along the patellar surface with no gross effusion. The record documented that on the basis of her failed response to conservative care, a surgical arthroscopy with synovectomy was recommended for further definitive care. Imaging in this case includes an MRI report of the left knee dating back to August 4, 2010 showing mild chondromalacia to the patella with no evidence of other recent imaging or MRI scans noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROM BRACE AND CRUTCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Procedures Chapter

Decision rationale: The Knee Complaints Chapter of the ACOEM Practice Guidelines supported by Official Disability Guidelines criteria would not support the requests for a brace and crutches. The need for operative intervention in this case has not been established thus negating the need for the postoperative use of bracing or crutches given the patient's current clinical picture. The request for a ROM brace and crutches is not medically necessary or appropriate.