

Case Number:	CM14-0104378		
Date Assigned:	07/30/2014	Date of Injury:	10/03/2011
Decision Date:	10/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 32 year old male who reported injury on 10/03/2011. The mechanism of injury was repetitive motion. Diagnoses included left knee osteochondral defect, subtotal lateral meniscectomy of the left knee, and left knee genu valgum. An MRI arthrogram of the left knee, revealed significant osteochondral defect of the lateral femoral condyle, and evidence of previous meniscectomy. The progress note, dated 04/30/2014, noted the injured worker complained of left knee pain. The physical exam revealed a positive lateral McMurray's test, positive patellofemoral crepitus, and the injured worker was able to perform a deep knee bend. The neuromuscular examination to the lower back and extremities was within normal limits, with noted intact sensation, 5/5 muscle strength, and 2/4 deep tendon reflexes. Medications listed were not relevant to injury. The treatment plan requested to proceed with the open fresh frozen Osteochondral Allograft Transplantation to the lateral femoral condyle of the left knee. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker Boot for Purchase L4360: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle & foot, Cast (immobilization).

Decision rationale: The Official Disability Guidelines state immobilization with a walking boot is not recommended in the absence of a clearly unstable joint or a severe ankle sprain. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. The injured worker had left knee pain with a positive lateral McMurray's test, positive patellofemoral crepitus with noted intact sensation, 5/5 muscle strength, and 2/4 deep tendon reflexes to the lower extremities. There is no indication of unstable joint or a severe ankle sprain. There is no evidence of significant instability to the ankle joint. There is no indication of impairment of the ankle. The use of the L4360 walker boot would not provide valgus support of the knee, and is not otherwise indicated at this time. Therefore, the request for a walker boot for purchase L4360 is not medically necessary.

Lace Up Ankle Brace for Purchase: 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 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Ankle and Foot, bracing

Decision rationale: The California MTUS/ACOEM guidelines note putting joints at rest in a brace or splint should be for as short a time as possible; gentle exercise at the initial phase of recovery is desirable. The Official Disability Guidelines state ankle bracing is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. In this case, there is no indication of unstable joint or a severe ankle sprain. There is no evidence of significant instability to the ankle joint. There is no indication of impairment of the ankle. The use of the lace up ankle brace would not provide valgus support of the knee, and is not otherwise indicated at this time. Therefore, the request for lace up ankle brace for purchase is not medically necessary.