

Case Number:	CM14-0165069		
Date Assigned:	10/10/2014	Date of Injury:	07/28/2012
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 57-year-old with a reported date of injury of 07/28/2012. The patient has the diagnoses of left knee sprain/strain, left knee ACL tear, right knee ACL tear, right knee medial meniscal tear, right knee degenerative joint disease, herniated lumbar disc, low back pain and antalgic gait. Per the most recent progress reports provided for review by the treating physician dated 07/01/2014, the patient had complaints of low back pain and bilateral knee pain. Past treatment modalities have included aqua therapy and physical therapy. The physical exam noted left knee varus deformity, positive McMurray's test, positive Apley's test, anterior drawer's test, posteromedial instability, chondromalacia patella compression test and medial and lateral joint line tenderness. The right knee showed varus deformity with a positive McMurray's test, medial and lateral joint line tenderness and chondromalacia patella compression test. The treatment plan recommendations included request for a left knee scope with ACL reconstruction, internal medical evaluation for surgical clearance, post-operative hot/cold contrast unit, knee immobilizer, crutches and continued physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee sleeves: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee and Leg (updated 08/25/14) Compression garments

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 338.

Decision rationale: Per the ACOEM chapter on knee complaints, table 13-3 list the following as optional treatment measures for different knee injuries: Cruciate ligament tear: crutches, knee immobilizer and quadriceps/hamstring strengthening Meniscus tears: quadriceps strengthening, partial weight bearing, knee immobilizer as needed Patellofemoral syndrome: knee sleeve, quadriceps strengthening and avoidance of knee flexion The patient does have the diagnoses of meniscal tear and ACL tear and knee sprain/strain. The patient does not have the diagnoses of patellofemoral syndrome. Per the ACOEM, knee sleeves are only recommended as a treatment option for patellofemoral syndrome. Therefore the request does not meet guideline recommendations and is not medically necessary.