

Case Number:	CM14-0022066		
Date Assigned:	05/09/2014	Date of Injury:	02/14/2006
Decision Date:	07/10/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 53-year-old female who reported an injury on 02/14/2008. The mechanism of injury was not provided in the documentation. Per the operative report dated 08/01/2013, the injured worker underwent surgery to the right knee with diagnostic and operative arthroscopy, peripheral, medial, and lateral meniscectomy to the right knee, arthroscopic chondroplasty of the patellofemoral joint of the right knee, arthroscopic chondroplasty of medial compartment of the right knee and arthroscopic synovectomy of the right knee. The orthopedic clinical note dated 01/03/2014 stated the injured worker reported improvement of pain and range of motion since surgery. On physical examination, stability and range of motion was good with range of motion of the right knee reported at -2 to 115 degrees. There was no effusion. There was mild patellar facet tenderness and mild medial joint line tenderness. The knee was ligamentously stable. There is moderate quadriceps atrophy. The injured worker reported 50% improvement of her pain and range of motion since beginning physical therapy. She rated her pain at 2/10. The request for authorization of medical treatment was dated 01/08/2014. The provider's rationale for the request for the elite seat rental for 8 weeks for the right knee was flexion contracture of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELITE SEAT RENTAL FOR 8 WEEKS (RIGHT KNEE): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, walking aids.

Decision rationale: Per CA MTUS/ACOEM Guidelines, there is a lack of research based evidence regarding functional bracing as part of a rehabilitation program and it is therefore, considered optional. Per the Official Disability Guidelines, walking aids are recommended as indicated. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone. Per the provided documentation, the injured worker had good knee range of motion following physical therapy. The documentation stated the injured worker had full extension and nearly full flexion. In addition, there was lack of documentation regarding osteoarthritis in the knee. Therefore, the request for the Elite Seat Rental for 8 weeks for the Right Knee is not medically necessary.