

Case Number:	CM14-0024405		
Date Assigned:	06/11/2014	Date of Injury:	09/26/2012
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/26/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 30 year old female who reported an injury on 09/26/2012 chasing an individual at work. The injured worker's physician diagnosed her with a left knee sprain and left knee derangement with meniscus tear. Conservative care was initiated however; pain, swelling and the inability to return to work persisted. Assessment of the left knee noted a +3 tenderness to palpation to the anterior knee, medial joint and medial knee. A positive McMurray's test was also assessed. On 09/05/2013 a diagnostic arthroscopic surgery to the left knee was performed. All aspects of the knee were found to be intact, the site was irrigated with copious amounts of fluid and secured with 3.0 nylon suture. The injured worker tolerated the procedure well. Post-operatively, the injured worker received antibiotics (unspecified) for prophylactic care. She also received Vicodin and Spirix for pain management. The physician has ordered a brace for post-operative conservative care. A request for authorization form was submitted signed, but not dated for review

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE ORTHOTIC ADJUSTABLE POSITIONAL RIGID SUPPORT: 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): 329-330.

Decision rationale: The post-surgical assessment of the left knee indicated no affected sections of the left knee. Further, the injured worker's job description does not include lifting boxes, climbing ladders or other functions that would stress the knee under loads. Under guidelines a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. The surgery indicated no instability to the left knee and the injured worker's job description does not include stressing the knee under load type of activities. As such, the request is non-certified.