

Case Number:	CM14-0031117		
Date Assigned:	06/20/2014	Date of Injury:	11/01/2009
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 44-year-old male who reported injury on 11/01/2009. The diagnosis was a large medial meniscus tear of the right knee. The mechanism of injury was the injured worker drove a tram and stepped on the brakes which did not work so he jumped from the tram before it ran into a building. The injured worker had bilateral knee surgery. There was no DWC Form RFA (Request for Authorization) nor PR2 (Treating Physician's Progress Report) submitted for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Playmaker II med: 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): 339-340.

Decision rationale: ACOEM indicates a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although benefits may be more emotional than medical. Usually a brace is only necessary if the injured worker is going to be stressing the knee under loads such as climbing ladders or carrying boxes. For the average

injured worker using a brace is usually unnecessary. The clinical documentation submitted for review failed to provide documentation of a DWC Form RFA or PR2 to support the necessity for a Playmaker II med versus an over-the-counter brace. There was a lack of documentation indicating the injured worker would be stressing the knee under loads such as climbing ladders or carrying boxes. Given the above and the lack of documentation, the request for Playmaker II med is not medically necessary.