

Case Number:	CM14-0043941		
Date Assigned:	06/20/2014	Date of Injury:	08/10/2011
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/18/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 who is a 44-year old female who reported an injury on 01/10/2011 due to cumulative trauma. The injured worker underwent an unofficial MRI on 02/14/2012 that revealed an intrasubstance non-communicating signal in the periphery of the body medial and lateral menisci, fragmentation with small tears at the free margin of the posterior horn of the medial meniscus. The injured worker underwent a left knee arthroscopic on 04/2013. On 01/21/2014 the injured worker complained of continuous left knee pain which seemed to be symptomatic. It was noted the injured worker had antalgic gait and uses a cane to walk because of left knee pain. The injured worker objective findings revealed mild swelling, tenderness, severe medial joint line on the left knee. It was noted the range of motion was actively in the left knee and was severely limited due to pain, the passive range of motion was painful on flexion and extension. There was no medications submitted for this review. The diagnoses of the injured worker included moderate effusion sprain/strain, severe pain with limitation ambulation, status post cortisone injection, status post arthroscopy all of the left knee. The treatment plan included a decision for a left knee brace. The authorization for request was submitted on 01/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines/Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: Per (ACOEM) Guidelines, an immobilizer may be recommended only if needed for meniscal tears, collateral ligament strain or cruciate ligament tear. The guidelines also states that adjustment or modification of workstation, job tasks, or work hours and methods stretching specific knee exercises for range of motion and strengthening (avoid leg extensions for PFSs but not SLRs). At-home local applications of cold packs in first few days of acute complaints; thereafter, applications of heat packs and aerobic exercise. The diagnoses of the injured worker included moderate effusion sprain/strain, severe pain with limitation ambulation, status post cortisone injection, status post arthroscopy all of the left knee. The documents that provided lacked evidence of conservative care such as home exercise and medication relief. In addition, the documents provided lacks an effective educational exercise program and the post-operative physical therapy care provided to the injured worker left knee. Given the above, request for the left knee brace is not medically necessary and appropriate.