

Case Number:	CM14-0189082		
Date Assigned:	11/20/2014	Date of Injury:	09/14/1999
Decision Date:	01/08/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Practice and is licensed to practice in California. 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:

A 47 yr. old female claimant sustained a work injury on 9/14/99 involving the low back and right knee. She was diagnosed with lumbago and right knee chondromalacia. She had used anti-inflammatory medications for pain control. A progress note on 8/8/14 indicated the claimant had continued back pain and knee pain. A steroid injection was offered for the knee. Exam findings were notable for slight effusion in the right knee and pain in the medial joint line, a positive crepitation at the lateral facet and a McMurray's sign. The following month a request was made for a knee sleeve with an open patella for support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective knee sleeve with open patella: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: A 47 yr. old female claimant sustained a work injury on 9/14/99 involving the low back and right knee. She was diagnosed with lumbago and right knee chondromalacia.

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