

Case Number:	CM14-0194146		
Date Assigned:	12/01/2014	Date of Injury:	06/25/2013
Decision Date:	02/11/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/19/2014

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 New York. 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 patient has a date of injury of January 14, 2013. The patient has chronic knee pain. The medical records indicate that the patient had previous left knee arthroscopic procedure. On physical examination the patient is a full range of motion with a mild effusion and no documented instability. There's a normal neurologic examination. The patient continues to have knee pain. At issue is whether a knee sleeve and CPM are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L Knee Sleeve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-3. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 10/27/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340-350. Decision based on Non-MTUS Citation ODG knee chapter

Decision rationale: The patient does not meet criteria for knee sleeve. Specifically the medical records do not document any evidence of knee instability. The medical records do not document any clinical indication for a knee sleeve. The patient has knee pain with no documented

instability. There is no documentation of patellar instability. There is no clinical indication documented for the use of a knee sleeve. The sleeve is not medically necessary.

30 day trial TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous nerve stimulator (TENS) unit Page(s): 111.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter

Decision rationale: The patient is diagnosed with chronic knee pain. The patient has had knee arthroscopy surgery. The patient continues to have pain. Physical examination documents a normal range of knee motion. Guidelines do not support the use of 30 days of CPM in patients who had documented normal range of knee motion. There is no clinical indication for the use of 30 days of the CPM. Medical records document normal knees stability and full range of knee motion. CPM use is not medically needed.