

<b>Case Number:</b>	CM14-0203351		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This male reportedly sustained a work related injury on May 10, 2013 resulting in knee pain. Diagnoses include bi lateral medial meniscus, left knee joint effusion and sprain/strain and status post right knee meniscectomy and chondroplasty Magnetic resonance imaging (MRI) dated September 13, 2014 revealed internal derangement and meniscus tear of left knee. Op report dated October 30, 2014 notes left knee partial meniscectomy and chondroplasty of medial femoral condyle without complications. Primary treating physician report dated October 2, 2014 provides the injured worker has bilateral knee pain worse on left and increasing with difficulty walking. He has finished his physical therapy. Physical exam notes tenderness with +1 crepitus. McMurry's test is positive on left and he ambulates with an antalgic gait. Of note is primary treating physician follow up note dated November 10, 2014 documenting the injured worker post-operatively complains of left knee pain rated 4/10 aggravated by weight bearing or prolonged sitting. He reports undisclosed functional improvement. On November 12, 2014 utilization review determined a request dated November 6, 2014 for home exercise kit and knee brace post op to be non-certified. Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were cited in the decision. Application for independent medical review (IMR) is dated December 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home exercise kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, Exercise, page 46 and 47 state the exercise is recommended. "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." As the guidelines do not recommend any particular exercise program, there is lack of medical necessity for a home exercise kit. Therefore, this request is not medically necessary.

**Knee brace post op:** 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 (ODG); Criteria for the use of knee braces;

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace

**Decision rationale:** CA MTUS/ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The exam note from 10/2/14 demonstrates the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore, the request for knee brace post op is not medically necessary and appropriate.