

Case Number:	CM14-0207872		
Date Assigned:	12/19/2014	Date of Injury:	06/01/2010
Decision Date:	04/21/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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: Preventive Medicine, Occupational Medicine

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 53 year old female who sustained an industrial injury on 06/01/2010. She reported the injury was to the left knee. She states she was x-rayed and had an MRI. She states she was told she had a torn meniscus on both sides of her knee. Treatment to date includes arthroscopic surgery, knee brace and medications. Diagnosis were left knee Chondromalacia patella, status post left knee arthroscopy with moderate to severe left knee degenerative joint disease. She presented on 10/14/2014 with left knee pain and low back pain. Physical exam of the knee revealed tenderness over the medial and lateral joint lines. Range of motion was 5 degree-120 degree with positive patello femoral crepitation with motion. Treatment plan was for left total knee arthroplasty, medications and LSO to provide stability and facilitate improved tolerance to standing and walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee immobilizer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340.

Decision rationale: The MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. Knee immobilizer is not medically necessary.