

Case Number:	CM15-0102991		
Date Assigned:	06/05/2015	Date of Injury:	02/12/2014
Decision Date:	07/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/28/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 42 year old female, who sustained an industrial injury on February 12, 2014. The injured worker was diagnosed as having mild osteoarthritis mainly affecting the medial compartment status post chondroplasty of the medial femoral condyle of the left knee and status post arthroscopy with partial medial meniscectomy of the left knee. Treatment to date has included left knee surgery, home exercise program (HEP), physical therapy, activity modification and medication. Currently, the injured worker complains of worsening knee pain. The Treating Physician's report dated April 15, 2015, noted the injured worker reported feeling slightly better with mild pain status post left knee surgery. The medications were listed as Naproxen Sodium, Senokot, and Zofran. The left knee examination was noted to show near full range of motion (ROM) with crepitation and equivocal McMurray's sign. The injured worker was noted to have ongoing weight bearing pain. The treatment plan was noted to include a request for authorization for a compartment unloader brace, to be fit and dispensed by the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bred Medial Compartment Unloader Brace, purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: Per the ACOEM chapter on knee complaints, table 13-3 list the following as optional treatment measures for different knee injuries: Cruciate ligament tear: crutches, knee immobilizer and quadriceps/hamstring strengthening. Meniscus tears: quadriceps strengthening, partial weight bearing, knee immobilizer as needed. Patellofemoral syndrome: knee sleeve, quadriceps strengthening and avoidance of knee flexion. The patient does have a diagnosis requiring a knee brace and therefore the request is medically necessary.