

<b>Case Number:</b>	CM15-0104896		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 57 year old male, who sustained an industrial injury on March 14, 2003 while working as a truck driver. The mechanism of injury was a fall in which the injured worker landed on his right knee. The injured worker has been treated for back, shoulder and bilateral knee complaints. The diagnoses have included lumbar disc derangement, lumbar radiculitis/radiculopathy, bilateral knee pain, bilateral knee chondromalacia patella, and medial and lateral meniscus tear of the right knee, probable non-displaced fracture of the right patella, right shoulder strain, anxiety and severe major depressive disorder without psychotic features. Treatment to date has included medications, radiological studies, MRI, injections, psychological treatments, physical therapy and right knee surgery. Current documentation dated May 4, 2015 notes that the injured worker reported right knee pain, which radiated into the leg. The injured worker was noted to ambulate with an antalgic gait favoring the right leg. Examination of the right knee revealed tenderness to palpation over the medial and lateral joint lines and mild crepitus in all three compartments with range of motion. Range of motion of the right knee was normal. A patellar apprehension test and patellar grind test were positive. The treating physician's plan of care included a request for a knee immobilizer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee Immobilizer:** Overturned

**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): 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 that support knee bracing per the ACOEM (meniscal tear) or the ODG. Therefore, the request does meet guideline recommendations and is certified and medically necessary.