

Case Number:	CM15-0019485		
Date Assigned:	02/09/2015	Date of Injury:	11/05/1991
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who reported an injury on 11/05/1991. The mechanism of injury was not provided. She was diagnosed with unspecified internal derangement of the knee. Other therapies were noted to include physical therapy, medications, surgery, and a brace. On 01/05/2015, the injured worker went in for a pain management followup visit. The injured worker reported extreme pain and swelling in her left leg. She indicated her pain became worse since her last visit. It was noted that the injured worker was pulled out of physical therapy because the therapist did not want to hurt her anymore. She rated her pain as 9/10. On physical examination of her left knee, she was noted to have a well healed scar of surgery. She had positive medial joint line and lateral joint line tenderness. Range of motion was from 0 degrees of extension to 90 degrees of flexion. Her current medications were noted to include baclofen 10 mg 3 times a day, Galise 600 mg every night as needed, methadone 10 mg 4 times a day as needed, and trazodone 50 mg every night as needed. The treatment plan was noted to include a recommendation to followup with an orthopedic surgeon. The treating physician indicated the injured worker's knee brace was being used and has been worn down; therefore, new knee straps and padding are requested. The treatment plan also included discussion of spinal cord stimulator trial and implant and a refill of medications. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase New Knee Padding, Purchase New Knee Straps: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition (web), 2014, Knee & Leg, Knee Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The California MTUS Guidelines state a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. Additionally, the guidelines state usually a brace is necessary only if the injured worker is going to be stressing the knee under load, such as climbing stairs, a ladder or carrying boxes. The clinical documentation lacks evidence of patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. Additionally, the clinical documentation does not indicate whether the injured worker will be stressing the knee under load, such as climbing stairs, ladders, or carrying boxes. Given the above information, the request is not supported by the guidelines. As such, the request for Purchase New Knee Padding, Purchase New Knee Straps is not medically necessary.