

Case Number:	CM15-0132404		
Date Assigned:	07/20/2015	Date of Injury:	01/29/2009
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/08/2015

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 (IW) is a 59-year-old male who sustained an industrial injury on 01/29/2009. Diagnoses/impressions include status post left total knee arthroplasty and persistent pain about the left total knee arthroplasty of unknown etiology. Treatment to date has included medications, physical therapy, knee arthroscopy, and total knee arthroplasty and knee manipulation. According to the progress notes dated 6/19/15, the IW reported physical therapy did not improve his pain, but range of motion of the left knee was improved. He also reported Gabapentin and Naproxen were not helpful and requested medication changes. He complained of increased left knee pain over the inferior and lateral aspects of the left knee, described as burning, hot pain. Pain was rated 7/10 with medication and 9/10 without it. He also complained of swelling. On examination, the left knee surgical scar was well healed with slight hyperpathia over the scar region and over the left anterior tibial region. The medial and lateral areas of the left knee were acutely tender, especially in the cervical and inferior aspects. Range of motion (ROM) was limited to 80% of normal extension and 95 degrees of flexion. There was 1+ swelling over the knee, but no redness. A request was made for a left knee sleeve to help treat pain and swelling and provide support while the IW awaits further diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) left knee sleeve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable Medical Equipment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The ACOEM chapter on knee complaints only recommends knee sleeves/braces for patients with the diagnosis of meniscal tear, collateral ligament strain or cruciate ligament injury. The provided clinical records do not indicate the patient has any of these diagnoses. Therefore, the request is not medically necessary.