

Case Number:	CM15-0135245		
Date Assigned:	07/23/2015	Date of Injury:	02/16/2011
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/13/2015

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 49-year-old male, who sustained an industrial injury on February 16, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having internal derangement of the knee on the right, discogenic lumbar condition and depression due to chronic pain and inactivity. Treatment to date has included surgery, injections, physical therapy, diagnostic studies, medication and psychological care. Surgery and physical therapy were noted to be helpful. On May 28, 2015, physical examination revealed tenderness along the knee along the patella as well as the inner joint line along the right and the left. Extension was noted to be 180 degrees and flexion was 80 degrees on the left. Positive McMurray's test was noted medially, especially on the right side. The treatment plan included medications, knee braces and twelve therapy sessions. On June 16, 2015, Utilization Review non-certified the request for hinged knee arthroscopy for the bilateral knees, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged knee orthosis for the bilateral knees: 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), unloader braces.

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

Decision rationale: The ACOEM chapter on knee complaints states in table 13-3 that knee braces are indicated in meniscal tears, collateral ligament strains and cruciate ligament strains. A review of the provided clinical documentation does not show the patient to have these diagnoses. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.