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| Case Number: | CM15-0137149 | | |
| Date Assigned: | 07/27/2015 | Date of Injury: | 03/28/2001 |
| Decision Date: | 08/21/2015 | UR Denial Date: | 07/10/2015 |
| Priority: | Standard | Application Received: | 07/15/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 an 80-year-old male who sustained an industrial injury 03/28/2001. Diagnoses/impressions include left knee sprain/strain, rule out internal derangement and antalgic gait. Treatment to date has included medications, activity modification, chiropractic treatment and physical therapy. According to the progress notes dated 6/18/15, the IW reported sharp pain, rated 5/10, in the medial aspect of the left knee. An injection was given, which was only mildly helpful. On examination, his gait was antalgic and stiff and he walked with a cane. The lateral and medial joint lines of the left knee were tender to palpation as well as the areas over the popliteal fossa, the patella and the sub patella. Spasm was present in the medial joint line and crepitus was noted. Left knee flexion/extension was 110/0 degrees. X-ray of the left knee on 6/11/13 showed mild osteopenia; mild degenerative arthrosis; degenerative patellar enthesopathy; and conduit wall calcification in the posterior soft tissues of the thigh and leg most likely representing Monckeberg's arteriosclerosis. A request was made for a left knee hinge brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left knee hinge brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Brace.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2001 and continues to be treated for left knee pain. When seen, there had been only mild benefit after an injection. He was having pain over the medial aspect rated at 5/10. Physical examination findings included an antalgic and stiff gait with use of a cane. There was knee joint line tenderness and tenderness over the popliteal fossa and patella. There was decreased range of motion with crepitus. A knee brace can be recommended when there is severe instability as demonstrated by physical examination or after a failed knee replacement. In this case, neither condition is present nor requesting a brace was not medically necessary.