

<b>Case Number:</b>	CM15-0138834		
<b>Date Assigned:</b>	08/21/2015	<b>Date of Injury:</b>	10/03/2014
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 47 year old worker who sustained an industrial injury on October 03, 2014. An initial orthopedic evaluation dated October 13, 2014 reported subjective complaint of bilateral knee pain. He reports having to climb ladders repetitively at work and is with resulting bilateral knee pain left side greater. Objective assessment found the left knee swollen and positive for patellar grind. There is lateral facet tenderness and positive effusion. He was diagnosed with left mild degenerative joint disease, knee and left patellofemoral malalignment. There is recommendation for a course of physical therapy for strengthening and he was prescribed Naproxen. He may return to a modified work duty. A primary treating follow up dated June 25, 2015 reported the worker as post-operative left knee. Relafen is noted as discontinued. The plan of care is noted recommending a transcutaneous nerve stimulator unit, continuing physical therapy session and prescribed Lidocaine cream. At follow up dated June 15, 2015 there is noted recommendation for radiographic study of right knee be obtained and orthotics for both medial ankles and knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotics to ankle/knee:** 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, Ankle and Foot Chapter and Milliman Care Guidelines.

**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 the diagnoses of meniscal tear and ACL tear and knee sprain/strain. The patient does not have the diagnoses of patellofemoral syndrome. Per the ACOEM, knee sleeves are only recommended as a treatment option for patellofemoral syndrome. Therefore, the request does not meet guideline recommendations and is not medically necessary.