

Case Number:	CM15-0146713		
Date Assigned:	08/07/2015	Date of Injury:	04/11/2013
Decision Date:	09/04/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/28/2015

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 42-year-old male who sustained an industrial injury on 04-11-2013. Mechanism of injury was a slip and fall. Diagnoses include status post revision right knee arthroscopy with patellar tracking dysfunctions, industrial injury with lumbar facet syndrome and lumbar radiculopathy, right ilio-tibial band syndrome, and right lower extremity radiculitis. Treatment to date has included diagnostic studies, medications, injections, status post right knee arthroscopy with arthroscopic resection of torn portion of the medial meniscus, arthroscopic tricompartmental synovectomy of the right knee, arthroscopic chondroplasty of the patella of the right knee on 04-10-2015, and physical therapy. On 01-12-2015, a Magnetic Resonance Imaging of the knee revealed medial meniscus: linear increased signal in the posterior horn of the meniscus, which likely reflects internal degeneration, however a tear is not excluded, and complex tear involving the anterior horn of the lateral meniscus, and popliteal tendinosis and knee joint effusion. A physician progress note dated 06-11-2015 documents the injured worker complains of continued right knee pain. On examination, there is limited range of motion, with a positive McMurray's, and anterior drawer. There is pain on palpation on the medial and lateral deviation. He has an antalgic gait. He rates his pain as 8-9 out of 10 on the pain scale. His pain was less before surgery. His pain radiates into his right hip and thigh. On palpation of the right knee, there is pain in the medial aspect, lateral aspect and infrapatellar aspect. Range of motion is restricted. Medial to lateral deviation of the left lower leg revealed femoropatellar instability. There is a positive McMurray's grind, positive anterior drawer and pain on medial and lateral area. The treatment plan includes right knee evaluation and surgical evaluation, recommending

weaning of Tramadol, Diclofenac and recommend Pantoprazole for GI protection, and recommending conservative high power laser therapy with physical therapy to the knee for wound healing, and a toxicology screening. Treatment requested is for a right knee support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 not have a diagnosis that support knee bracing per the ACOEM or the ODG. Therefore, the request does not meet guideline recommendations and is not medically necessary.