

<b>Case Number:</b>	CM15-0160752		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	08/30/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 48 year old female who sustained an industrial-work injury on 8-30-14. She reported an initial complaint of left shoulder, left arm, left wrist, and left knee pain. The injured worker was diagnosed as having partial tear of medial head of the gastrocnemius tendon with discoid lateral meniscus of the left knee and bilateral shoulder impingement syndrome. Treatment to date includes medication and physical therapy. Currently, the injured worker complained of left knee pain that increased with prolonged walking and had occasional buckling. There was associated depression due to pain. There was also bilateral shoulder pain, right greater than the left. Per the primary physician's report (PR-2) on 6-23-15, exam noted tenderness over the posterior and in the gastrocnemius, no joint line tenderness, mild crepitus, range of motion was 0-130 degrees, quadriceps was 4 out of 5. The requested treatments include Hinged Knee Support, size small.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hinged Knee Support, size small:** Overturned

**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 have a diagnosis that support knee bracing per the ACOEM or the ODG. Therefore, the request does meet guideline recommendations and is medically necessary.