

<b>Case Number:</b>	CM15-0169911		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	07/28/2009
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 53 year old male, who sustained an industrial injury on July 28, 2009. He reported bilateral knee pain. The injured worker was diagnosed as having chondromalacia of the bilateral knees, left knee meniscal tear, meniscal surgery to the left knee in 2009, right knee compensatory pain and hypertension. Treatment to date has included diagnostic studies, surgical intervention of the left knee, conservative therapies, acupuncture, cortisone injection to the knee, left knee support, TENS unit and medications. Currently, the injured worker continues to report bilateral knee pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on July 17, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being the worst. Acupuncture was continued. Evaluation on August 14, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being the worst. It was noted previous right knee steroid injection provided only minimal improvement. It was noted the injured worker felt the right knee range of motion was decreasing. He reported medications decreased his pain level by 50-60% and reported no side effects of medication. It was noted the injured worker had a left knee support that helped, was able to continue to work and noted a TENS unit was also helpful in pain reduction. It was noted he used topical analgesics and preferred to take minimal oral medications. Physical therapy and a right knee brace were recommended. The RFA included a request for Right knee support and was non-certified on the utilization review (UR) on August 18, 2015.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right knee support:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s):  
Initial Care.

**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.