

Case Number:	CM15-0186645		
Date Assigned:	09/28/2015	Date of Injury:	06/15/2013
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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 40 year old male, who sustained an industrial-work injury on 6-15-13. A review of the medical records indicates that the injured worker is undergoing treatment for sprain and strain of left knee and left knee meniscus tear status post left arthroscopy 1-28-14. Medical records dated (6-25-15 to 8-27-15) indicate that the injured worker feel improvement in the left knee strength and functional ability with the Functional Restoration Program. He continues to have bilateral knee pain and right sided radicular pain especially with prolonged sitting. The injured worker reports continued gained significant functional movement and pain relief from the program. He reports that he is not taking any medications. He is using ice wraps and ice on his knees. Per the treating physician report dated 8-27-15, work status is with restrictions. The physical exam dated 8-27-15 reveals that he walks with an antalgic slowed gait. The physician indicates that he would recommend a left knee brace for patellar stabilization. Treatment to date has included pain medication, surgery left knee, diagnostics, chiropractic, home exercise program (HEP), Functional Restoration Program, home exercise program (HEP), and activity modifications. The requested service included a Left Knee Brace. The original Utilization review dated 9-14-15 non-certified the request for the left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Brace: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee Brace.

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 the diagnosis of knee sprain/strain as well as meniscal tear status post surgery. The knee exam does show meniscal pain and instability. Therefore, the request is medically necessary.