

Case Number:	CM15-0189946		
Date Assigned:	10/02/2015	Date of Injury:	06/24/2014
Decision Date:	11/12/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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 55 year old female, who sustained an industrial injury on 6-24-14. The injured worker has complaints of right greater than left knee pain. The diagnoses have included tear of medial cartilage or meniscus of knee, current and other tear of cartilage or meniscus of knee, current. Right knee has a trace effusion and the injured worker walks with a right lower extremity antalgic gait. Treatment to date has included medications; physical therapy; ankle brace and knee brace. Right knee magnetic resonance imaging (MRI) on 8-29-14 showed intrasubstance degeneration involving the posterior horn of the medial meniscus and significant motion artifact. The original utilization review (9-3-15) denied the request for unloader knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unloader Knee Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Knee.

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

Decision rationale: The ACOEM chapter on knee complaints states: Knee bracing or immobilization is indicated in injuries to the collateral ligaments, ACL or meniscus. The patient has meniscal injury with joint pain and instability on exam. Therefore, the request is medically necessary.