MAXIMUS Federal Services

Case Number:	CM15-0190031		
Date Assigned:	10/02/2015	Date of Injury:	05/21/2014
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
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: Arizona, California
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 32 year old male, who sustained an industrial injury on May 21, 2014. The injured worker was diagnosed as having a right knee sprain and strain, patellar tendinitis, and status post right arthroscopy in November of 2014. Treatment and diagnostic studies to date has included x-rays of the right knee, physical therapy, magnetic resonance imaging of the right knee times two, above noted procedure, home exercise program, and medication regimen. In a progress note dated September 03, 2015 the treating physician reports complaints of "moderate", frequent, aching pain to the right knee along with the knee buckling and giving out, and complaints of an increase in pain to the right back and right foot pain. Examination performed on September 03, 2015 was revealing for tenderness to the medial and lateral joint line of the right knee, positive McMurray's testing to the right knee, and positive crepitus. The injured worker's pain level on September 03, 2015 was rated a 7 on a scale of a 0 to 10. Medical records provided included magnetic resonance imaging of the right knee performed on June 12, 2015 was revealing "moderate chondral thinning within the medial compartment and mild to moderate chondral thinning within the patellofemoral compartment. Post-operative changes of the medial meniscus. There is fraying and irregularity along the residual portion of the body and posterior horn, and a small tear cannot entirely be excluded. Small joint effusion. Mild to moderate patellar tendinosis." On September 03, 2015 the treating physician requested a left knee medial unloader brace to provide stability with the treating physician noting that the injured worker has continued with left knee weakness with loss of motion. On September 16, 2015 the Utilization Review denied the request for left knee medial unloader brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Medial Unloader Brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 37.

Decision rationale: According to the guidelines, knee bracing may be required in those who have undergone meniscal repair. In this case the claimant had surgery nearly a year ago. There was no mention of meniscal repair. The surgery was likely a menisectomy and the claimant did not attend post-op physical therapy. There is no indication for an unloader brace at this point and long term use can lead to further muscle atrophy or abnormal and excessive load on the lateral meniscus. As a result, the request is not medically necessary.