

<b>Case Number:</b>	CM15-0199990		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 54 year old female who sustained an industrial injury on 9-2-11. The injured worker reported right knee discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right knee derangement. Provider documentation dated 9-11-15 noted the work status as disabled. Treatment has included Tramadol since at least March of 2015, status post right knee arthroscopy (5-10-13), physical therapy, acupuncture treatment, epidural steroid injection, knee brace, and a cane for ambulation. Objective findings dated 9-1-15 were notable for right knee with brace, right wrist with brace. Objective findings dated 9-11-15 were notable for right knee with cracking, crepitation and noted difficulty with kneeling and squatting. The original utilization review (9-21-15) denied a request for DME: Ace wrap for right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Ace wrap for right knee:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Summary. Decision based on Non-MTUS Citation ODG and pg 64.

**Decision rationale:** According to the guidelines, immobilization is not recommended except in the acute phase of injury. However, taping is recommended for patellofemoral pain syndrome. Ace wraps provide a similar function as taping. The claimant's symptoms are consistent with patellofemoral syndrome and the request for an Ace wrap is medically necessary.