

Case Number:	CM15-0203437		
Date Assigned:	10/20/2015	Date of Injury:	03/05/2014
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 25 year old female, who sustained an industrial injury, March 5, 2014. The injured worker was undergoing treatment for left knee chondromalacia, left knee internal derangement, lateral meniscus tear, left knee strain and or sprain and status post left knee surgery, on April 27, 2015. According to progress note of August 27, 2015, the injured worker's chief complaint was continuous left knee pain. The pain increased with prolonged walking, standing, flexing and extending the knee, ascending or descending stairs, squatting and stooping with episodes of giving way. The injured worker rated the pain at 7 out of 10. The physical exam noted 5 out of 5 lower extremity motor strength of the left quadriceps. The deep tendon reflexes were normal and equal bilaterally. The injured worker had a mild antalgic gait with a mild limp. There was tenderness of the anterior left knee. There were muscle spasms of the anterior knee. The McMurray's test was positive. The injured worker previously received the following treatments left knee x-rays, left knee MRI, physical therapy, Norco, Naproxen and arthroscopic left knee surgery. The RFA (request for authorization) dated August 27, 2015; the following treatments were requested a hinged brace for the left knee for postoperative stability. The UR (utilization review board) denied certification on September 14, 2015; for a hinged brace for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Hinged Knee Brace, Left (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Treatment Intergrated Treatment/Disability Duration Guidelines Knee & Leg (acute & chronic) Knee Brace- Online Version (updated 07/10/2015), Durable Medical Equipment (DME)- Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Brace.

Decision rationale: The claimant sustained a work injury in March 2014 when, while restraining a patient, she had a snapping sensation in her left knee followed by left knee pain. She had 12 sessions of physical therapy. An MRI of the knee showed a lateral meniscus tear and she underwent surgery in October 2014 followed by another 12 physical therapy sessions. When seen, she was having left knee pain with episodes of giving way. She was not using an assistive device. Pain was rated at 7/10. Physical examination findings included decreased quadriceps strength. There was a mildly antalgic gait with a limp. There was decreased knee flexion and anterior knee tenderness and spasm. McMurray testing was positive. Anterior drawer, posterior drawer, and varus testing was negative. Authorization was requested for medications, electrodiagnostic testing, a weight loss program, and six sessions of therapy. A hinged brace was requested for post-operative stability. A prefabricated knee brace may be appropriate in a patient with knee instability or after ligament reconstruction or meniscal repair. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, there are no findings of instability. The claimant would not be expected to be required to stress the knee under loading forces. The requested brace is not medically necessary.