

<b>Case Number:</b>	CM15-0203930		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 31-year-old male who sustained an industrial injury on 2-18-2012 and has been treated for left knee internal derangement, status post arthroscopic plica removal. On 8-13-2015 the injured worker reported "chronic" constant left knee pain, aggravated with prolonged repetitive or strenuous weight bearing activities. He also said he had been experiencing popping and clicking, with occasional "giving way" and locking. Objective examination noted left knee flexion was limited to 40 degrees, but he was able to perform a full extension. Documented treatment includes left knee arthroscopy diagnostic with plica excisions 1-29-2015, physical therapy, and medication. He uses crutches to be mobile. The physician has requested additional physical therapy and MRI of the left knee. The foam on the inside of the injured worker's immobilizer was noted to be coming apart. The treating physician's plan of care includes replacement of the injured worker's knee immobilizer, but this was denied on 10-20-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee immobilizer purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational and Environmental Medicine Practice Guidelines, 3rd Edition, Chapter 15, Knee Disorders; Official Disability Guidelines (ODG), Online Version, Knee & Leg (Acute 7 Chronic) updated 7/10/2015, Patellar tendon repair, UpToDate, Splinting of musculoskeletal injuries, Rana Kronfol, MD, Jan 24, 2014.

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

**Decision rationale:** Review indicates the patient is s/p arthroscopic knee surgery in January 2015, over 10 months past with use of knee immobilization due to pain from physical therapy has been applied for over 3 months without functional benefit or decreased need for analgesics. Symptom complaints have remained unchanged and clinical findings show no acute swelling, edema or instability to support for further immobilization. Guidelines do not recommend immobilization as a primary treatment and note immobilization and rest appear to be overused as treatment. Early mobilization benefits is recommended and include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. Submitted have not demonstrated functional improvement from treatment rendered for this DME. The Knee immobilizer purchase is not medically necessary and appropriate.