

Case Number:	CM15-0225267		
Date Assigned:	11/23/2015	Date of Injury:	06/21/2013
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/17/2015

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:

This 39-year-old male sustained an industrial injury on 6-21-13. Documentation indicated that the injured worker was receiving treatment for right knee internal derangement with medial meniscus tear. Previous treatment included right knee surgery, physical therapy, knee brace and medications. In a PR-2 dated 7-1-15, the physician noted that the injured worker had been approved for repeat right knee surgery. The treatment plan included working modified duty using a knee brace. On 8-12-15, the injured worker underwent right knee arthroscopy with partial medial meniscectomy and chondroplasty without complication. In a PR-2 dated 8-20-15, the injured worker complained of right knee pain that "he felt was more than expected" following right knee surgery. The injured worker had been moving around using a cane. No physical exam was documented. On 10-7-15, a request for authorization was submitted for a right knee brace. On 10-13-15, Utilization Review noncertified a request for retrospective right range of motion knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro right range of motion knee brace: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM chapter on knee complaints states that knee bracing may be indicated in the treatment of collateral ligament, meniscal and ACL injury. The patient has documented history of meniscal tear with instability on physical exam and pain with range of motion noted as well. Therefore the request is medically necessary.