

Case Number:	CM15-0051473		
Date Assigned:	03/24/2015	Date of Injury:	01/08/2007
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/18/2015

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: Anesthesiology, 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 is a 50-year-old male, who sustained an industrial injury on 1/8/2007, while employed as a gastrointestinal technician. He reported injury to his neck in 2006, shoulders in 2005 and 2007, back in 2007, and right knee in 1/2007. The injured worker was diagnosed as having unspecified internal derangement of knee, rotator cuff rupture, and shoulder arthroplasty, not otherwise specified. Treatment to date has included right knee surgery in 1/2009 and conservative measures, including physical therapy, medications, and right shoulder magnetic resonance imaging arthrogram on 1/29/2015. Urine drug screen, dated 2/11/2015, noted inconsistent results. Currently, the injured worker complains of shoulder pain, greater on the right. Physical exam noted tenderness and swelling and positive apprehension test on the right shoulder. A Functional Hinged Knee support was requested on 2/17/2015. The reason for the requested treatment was not documented, nor was a physical exam of the right knee or specific complaints of the injured worker regarding his right knee. Diagnostics of the right knee were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Hinged Knee Support Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The ACOEM Chapter 13 on Knee Complaints indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of a hinged knee support. Therefore at this time the requirements for treatment have not been met, is not medically necessary.