

Case Number:	CM15-0059080		
Date Assigned:	04/03/2015	Date of Injury:	05/23/2014
Decision Date:	06/18/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/27/2015

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:

The injured worker is a 34 year old male, who sustained an industrial injury on 5/23/14. He reported left knee injury after being trapped under a tree while working. The injured worker was diagnosed as having crush injury to left thigh and left knee and rule out internal derangement of left knee. Treatment to date has included activity restrictions, home exercise program, physical therapy and a TENS unit. (MRI) magnetic resonance imaging of left performed on 2/9/15 noted an attenuated appearance of the anterior cruciate ligament and no evidence for meniscal abnormality. Currently, the injured worker complains of intermittent pain in left knee aggravated by prolonged standing and walking. She is currently working with restrictions. Physical exam revealed tenderness to palpation along the medial/lateral joint line without swelling or crepitus. The treatment plan included a request for authorization for physical therapy and a hinged knee brace for left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 334.

Decision rationale: Per the ACOEM chapter on knee complaints, table 13-3 list the following as optional treatment measures for different knee injuries: Cruciate ligament tear: crutches, knee immobilizer and quadriceps/hamstring strengthening. Meniscus tears: quadriceps strengthening, partial weight bearing, knee immobilizer as needed. Patellofemoral syndrome: knee sleeve, quadriceps strengthening and avoidance of knee flexion. The patient does not have a diagnosis that support knee bracing per the ACOEM or the ODG. Therefore the request does not meet guideline recommendations and is not medically necessary.