

Case Number:	CM15-0096235		
Date Assigned:	05/28/2015	Date of Injury:	09/24/2012
Decision Date:	07/03/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 46 year old female, who sustained an industrial injury on 9/24/2012, while employed as a special needs assistant. The mechanism of injury was noted as a trip and fall. The injured worker was diagnosed as having grade 3 chronic full thickness ACL (anterior cruciate ligament) tear. Past surgical history included gastric sleeve surgery in 2012, tummy tuck in 2013, fibrous arthroplasty left thumb 2014, and breast reduction in 2/2015. Treatment to date has included conservative measures. Left knee magnetic resonance imaging showed evidence of a proximal anterior cruciate ligament tear with ligamentous attenuation and scar tissue formation and evidence of chronically thickened medial and lateral collateral ligaments. Currently, the injured worker complains of continued left knee pain and instability. The treatment plan included left knee surgery (authorized), associated surgical service medical equipment (left knee brace), and medical clearance (HEP panel and HIV panel).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services-DME: knee brace: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - knee, brace/splint.

Decision rationale: The medical records report findings of pain in the knee aggravated by physical activity with findings of chronically thickened ligaments with instability of knee joint. ODG guidelines support the use of splint to reduce pain and improve stability for post operative recovery. As such, the medical records support knee brace and the request is medically necessary.

Associated surgical services- medical clearance: HEP panel, HIV panel: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - knee, surgery.

Decision rationale: The medical records report findings of pain in the knee aggravated by physical activity with findings of chronically thickened ligaments with instability of knee joint. The notes reflect plan for surgery to the knee. ODG guidelines support the use of surgery when conservative care has not improved the condition and there is instability of the joint. As surgery is supported for the claimant, preoperative clearance is supported to ensure stability and the request is medically necessary.