MAXIMUS Federal Services

Case Number:	CM14-0143329		
Date Assigned:	09/10/2014	Date of Injury:	03/01/2005
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 66-year-old female who sustained an injury to the left knee on 03/01/05. The records provided for review documented that the claimant had left knee arthroscopy with partial medial meniscectomy on 12/18/13. The report of the office visit dated 07/15/14 noted that the claimant was utilizing a knee sleeve that was ill fitting and that she also had an "old brace." The claimant complained of continued medial knee pain with examination showing crepitation and ambulation with a limp. There was range of motion from zero-130 degrees with a positive pivot shift and grind testing. A formal diagnosis was not provided. The recommendation was made for continued use of medications, a knee brace and purchase of a resistance cycle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Brace With Straps Quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Based on California ACOEM Guidelines, the request for knee bracing would not be indicated. According to the ACOEM Guidelines, a knee brace is typically reserved

for individuals with instability of the patellar tendon, anterior cruciate ligament or medial collateral ligament. The medical records describe that the claimant is status post knee arthroscopy with continued complaints of pain. There is documentation of instability or a current working diagnosis consistent with instability of the knee for which formal bracing would be necessary. In the absence of documentation of instability, and based on the ACOEM Guidelines, the request for a knee brace with strapping would not be supported.

Resistance Chair With Exercise Cycle Smooth Rider For Both Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure - Exercise equipment

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to the Official Disability Guidelines, exercise equipment is typically not considered primarily medical in nature. Exercise equipment would be more of an individual lifestyle preference. Based on the claimant's current working diagnosis, there would be no indication for purchase of exercise equipment versus the claimant's ability to perform a self-driven, home exercise program and conditioning activities alone. Therefore, the request for purchase of a resistance chair with an exercise cycle smooth rider for both knees is not recommended as medically necessary.