

Case Number:	CM14-0048256		
Date Assigned:	07/02/2014	Date of Injury:	04/17/2008
Decision Date:	05/27/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/16/2014

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. 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old female, who sustained an industrial injury on 04/17/2008. According to a progress report dated 03/25/2014, the injured worker complained of constant pain in the left knee. Limited standing and walking were noted. Frequent spasm in the knee and distal thigh were also noted. Range of motion was becoming more limited. She was seeing a psychologist on her own. Medications included Cyclobenzaprine and Ibuprofen. Objective findings included left knee swelling, minimal warmth, tricompartment tenderness and limited range of motion +20-75 degrees. Diagnoses included left knee chondromalacia, medial femoral condyle & tibial plateau, status post arthroplasty of the left knee on 07/01/2009 and status post left knee arthroscopy/manipulation under anesthesia on 06/26/2013. Treatment plan included the request for authorization for a 60 day trial with JAS system to improve range of motion of the left knee. Currently under review is the request for a 60 day trial of a joint active system for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Day Trial of Joint Active System (JAS) System for Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Joint Active Systems (JAS) Splints, Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346.

Decision rationale: This 54 year old female has complained of left knee pain since date of injury 4/17/08. She has been treated with physical therapy, surgery and medications. The current request is for a 60 Day Trial of Joint Active System (JAS) System for Left Knee. The ACOEM Guidelines cited above do not recommend the 60 Day Trial of Joint Active System (JAS) System for Left Knee. On the basis of the available medical records and per the ACOEM Guidelines cited above, a 60 Day Trial of Joint Active System (JAS) System for Left Knee is not medically necessary.