

Case Number:	CM15-0016516		
Date Assigned:	02/04/2015	Date of Injury:	08/02/2014
Decision Date:	05/29/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was previously evaluated on 09/03/2014 regarding her right knee injury on 08/22/2014. On 10/07/2014, the injured worker underwent operative arthroscopy for the right knee. She had pain and swelling. On 11/25/2014, she was seen for low back pain, which she attributed to altered gait and use of crutches. She also developed pain in both upper extremities and hands, with numbness noted on the upper and lower extremities. She also reported locking of the fingers, after using crutches. Upon examination of the bilateral elbows, wrists, hands, and digits; there was a positive Tinel's on the right. There was a positive Phalen's test bilaterally. There was tenderness reported about the right first dorsal compartment and right forearm with firm palpation. There was varus alignment of the lower extremities. Examination of the right knee revealed; 2+ swelling, there was no patellar crepitus, there is retropatellar tendinosis noted upon palpation with medial joint line tenderness, and there was popliteal tenderness. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Immobilizer Post-Operative Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Immobilization.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Immobilization.

Decision rationale: The decision for knee mobilizer postoperative right knee. The request is not supported. The injured worker has a history of knee surgery. The ODG state Immobilization is not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. There is a lack of documentation for the necessity for a knee immobilizer at this current time. The request is not medically necessary.