

Case Number:	CM15-0174173		
Date Assigned:	09/16/2015	Date of Injury:	08/17/2012
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/03/2015

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:

This is a 43 year old male with a date of injury of August 17, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for torn medial meniscus of the right knee, chondromalacia of the right knee, and post-traumatic degenerative joint disease of the right knee. Medical records dated June 2, 2015 indicate that the injured worker complains of chronic, almost constant right knee pain. Records also indicate that the injured worker has not responded to rest, exercises, and Supartz viscosupplementation injections. A progress note dated July 28, 2015 notes that the injured worker was not a candidate for partial or total knee arthroplasty. Per the treating physician (July 28, 2015), the employee has returned to work full duty. The physical exam dated June 2, 2015 reveals a normal gait, ability to squat fully with right knee pain, full range of motion of the right knee, pain at the end range of motion of the right knee, and distal neurocirculatory status of the right lower extremity was within normal limits. The progress note dated July 28, 2015 documented a physical examination that showed an unremarkable gait with no limping, full range of motion of the right knee, pain at the end range of motion, and crepitus with range of motion. Additional treatment has included arthroscopic surgery of the right knee. The original utilization review (August 24, 2015) non-certified a request for an Unloader knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unloader knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

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 has a diagnosis of meniscal tear with instability on exam and pain on range of motion. Therefore, the request is medically necessary.