

Case Number:	CM15-0175515		
Date Assigned:	09/16/2015	Date of Injury:	03/26/2012
Decision Date:	10/27/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/07/2015

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:

This is a 47-year-old female worker who was injured on 3-26-2012. The medical records indicated the injured worker (IW) was treated for chronic right knee pain and arthrofibrosis, status post multiple surgical procedures. The progress notes (7-27-15) indicated the IW had right knee pain and discomfort in the left foot and ankle. A cortisone injection (6-15-15) provided no improvement. She stated she continued to have falls. She was unable to work. On physical examination (7-27-15) she pointed to the lateral right knee as a new area of discomfort; previously, the pain was all medial. Right knee flexion was to 90 degrees and she stated it locked beyond that point. No effusion was present. Mild to moderate patellar crepitation was present with motion. A compression sleeve was provided for the IW, to be used with Voltaren gel. An earlier evaluation (5-27-15) indicated the IW had right knee arthroscopic meniscectomy on 8-22-14 which the IW stated was of no benefit. She also had three viscosupplementation injections that did not help. Her activities of daily living were limited to 45 minutes of driving, sitting or standing in one place for 20 minutes and walking only "short distances". She could shop for groceries, carry light packages and clean her house. Four view x-rays of the right knee on 5-28-15 showed moderate arthritic changes throughout the knee. A Request for Authorization dated 8-5-15 was received for retrospective knee sleeve, right. The Utilization Review on 8-11-15 non-certified the request for retrospective knee sleeve, right due to lack of clinical indications for the treatment per CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Knee Sleeve, right: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Compression garments.

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

Decision rationale: The patient presents with right knee pain. The request is for retrospective knee sleeve, right. The request for authorization is dated 08/05/15. The patient is status post RIGHT knee arthroscopic meniscectomy, 08/22/14. X-ray of the right knee, 05/28/15, shows no acute findings; moderate arthritic changes are seen throughout the knee. Physical examination reveals no effusion present. She points to the lateral side of her knee as the new area of her discomfort, whereas before it was all medial. She can flex only to 90 degrees. She states it locks beyond that point. She reports no improvement whatsoever after the cortisone injections. She states she continues to fall but treater is uncertain of the reason why. Per progress report dated 07/27/15, the patient is unable to work. ODG, Knee and Leg Chapter under Knee Brace does recommend knee brace for the following conditions: "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." Per progress report dated 07/27/15, treater's reason for the request is "for her cutaneous symptoms." In this case, the patient continues with RIGHT knee pain and continues to fall. This request appears reasonable as ODG guidelines recommend Knee Sleeve for knee instability. Therefore, the request is medically necessary.