Case Number:	CM15-0179019		
Date Assigned:	09/21/2015	Date of Injury:	03/26/2015
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/11/2015

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: Virginia
Certification(s)/Specialty: Neurology

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 42 year old male, who sustained an industrial injury on 3-26-2015. The injured worker was diagnosed right knee pain with sprain. The request for authorization is for: KO adjustable knee joint positional orthosis rigid support for the right knee. The UR dated 9-4-2015: non-certification for retrospective request for purchase of KO adjustable knee joints, positional orthosis rigid support for the right knee. On 4-3-2015, he reported right knee pain rated 10 out of 10. Physical findings revealed swelling and diffuse tenderness of the right knee. He is noted to not be able to tolerate special testing including pivot shift and valgus stress testing. He was given crutches and a hinged knee brace. On 7-28-2015, he reported right knee pain. He is noted to be using crutches for ambulation. He is reported to have had a cortisone injection to the right knee approximately 2 months prior, which is reported to have worn off. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the right knee (5-21-2015), ice, right knee x-ray, crutches, medications, and right knee hinged brace, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective KO, adjustable knee joints, positional ortho for the right knee, purchase (DOS 8/11/15): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM' 2013, Knee Disorders, Clinical Measures, Devices, Bracing/Sleeves/Lateral Wedges.

Decision rationale: ACOEM guidelines states that knee braces are recommended for knee pain due to osteoarthritis with evidence of knee instability on exam. In the case of the injured worker, there is variability on exam with anterior and posterior drawer testing. There is an MRI right knee dated 5/21/2015, which documents arthrosis of the medial component of the right knee with a grade 4-chondral loss of the medial femoral chondyle and the medial tibial plateau with moderate effusion. There is no clear documentation in the medical record of clinical instability or what the specific knee device that is recommended is with a clear plan of therapy. Therefore, according to the guidelines and a review of the evidence, a request for a KO adjustable knee joint, positional orthotic for the right knee is not medically necessary.