MAXIMUS Federal Services

Case Number:	CM15-0034379		
Date Assigned:	03/02/2015	Date of Injury:	09/30/2013
Decision Date:	06/19/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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, Georgia
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:

The injured worker is a 32 year old male, who sustained an industrial injury on 9/30/13. He reported initial complaints of knee pain. The injured worker was diagnosed as having unspecified site of knee and leg. Treatment to date has included status post left knee arthroscopy (no date); status post right knee arthroscopy (2011). Diagnostics included MRI left knee (10/18/13); x-rays left knee (1/28/15). Currently, the PR-2 notes dated 1/28/15 indicated the injured worker complains of left knee pain. He had been seen by his primary care physician and referred to this office for definitive treatment. The injured worker notes the left knee pain is constant and has been present for 1 year and 6 months. He describes the pain as constant, aching, sharp and associated with joint swelling. His knee pain level is rated at 6/10 on a bad day. Treatment for this pain has been rests, ice and elevation which does not worsen or relive the symptoms. The notes state he has had not surgical treatment but other notes indicate a knee arthroscopy was done prior to the industrial injury. The physical examination notes left knee: range of motion, flexion 128 degrees, extension -18 degrees, medial joint line tenderness, and stable, left quadriceps and hamstring strength 5/5/ with normal muscle tone. Left knee x-rays were obtained on this date revealing normal alignment, no fracture, joint reveals no joint space narrowing and soft tissue exam shows normal soft tissue. A MRI of the left knee dated 10/18/13 impression of no contusion, no fracture, no cartilage abnormality; soft tissue with an indication of lateral meniscal tear and medial meniscus tear. The provider's treatment plan included a left knee arthroscopy, medial menisectomy and chondroplasty with the need for crutches, ice machine for 7 days and physical therapy x8 sessions. He is also requesting a left knee support brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee support brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Knee brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: ACOEM Chapter on Knee states that a knee brace is generally only needed if the knee will be stressed under heavy load and a generally not needed for the average patient. In this case, there is no documentation of any specific increased load to the knee that would require a brace. Knee brace is not medically necessary.