

Case Number:	CM15-0066987		
Date Assigned:	04/14/2015	Date of Injury:	02/22/2012
Decision Date:	05/19/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 60-year-old female, who sustained an industrial injury on February 22, 2012. She reported striking her knee against a bar. The injured worker was diagnosed as status post left knee operative arthroscopy with partial medial and lateral meniscectomy, lateral chondroplasty and synovectomy with residual degenerative joint disease. Treatment to date has included physical therapy, exercises, cane, surgery and diagnostic studies. On April 9, 2015, the injured worker noted that the left knee was still painful, with an increase in pain with activities. The pain was rated as a 6 on a 1-10 pain scale. The pain was described as moderate, constant, sharp and weakness. Her condition was reported to be the same from a prior exam. The treatment plan included injections and a return to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

BioniCare knee system: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: According to the ODG, criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability. 2. Ligament insufficiency/deficiency. 3. Reconstructed ligament. 4. Articular defect repair. 5. Avascular necrosis. 6. Meniscal cartilage repair. 7. Painful failed total arthroplasty. 8. Painful high tibial osteotomy. 9. Painful unicompartmental osteoarthritis. 10. Tibial plateau fracture. In this case the patient has had degenerative changes seen on x-ray of the knee consistent with osteoarthritis and has had previous repair of the menisci. The use of a knee brace is medically appropriate and meets criteria.