

Case Number:	CM15-0074433		
Date Assigned:	04/24/2015	Date of Injury:	03/10/2009
Decision Date:	05/21/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 30 year old male, who sustained an industrial injury on 03/10/2009. He has reported subsequent lower extremity pain and was diagnosed with left quadriceps tendon rupture and repair and chronic right patella tendon rupture. Treatment to date has included oral pain medication, surgery and a home exercise program. In a progress note dated 03/25/2015, the injured worker complained of continued right knee instability. Objective findings were notable for complete rupture of the patellar tendon of the right knee with high riding patella. A request for authorization of replacement of right knee immobilizer was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement right knee immobilizer: 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 (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346.

Decision rationale: This 30 year old male has complained of knee pain since date of injury 3/10/09. He has been treated with knee bracing and medications. The current request is for replacement right knee immobilizer. Per the ACOEM guidelines cited above, prolonged knee bracing and immobilization is not recommended in the treatment of chronic knee pain. On the basis of the available medical documentation and per the ACOEM guidelines cited above, replacement right knee immobilizer is not medically necessary.