

Case Number:	CM13-0021356		
Date Assigned:	03/12/2014	Date of Injury:	10/19/2010
Decision Date:	04/24/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/20/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old male who reported an injury on 10/19/10. The patient was driving a truck, came to a stop, and got out. A gust of wind pulled the patient in between a spare tire and the truck. The patient sustained an injury to his left arm, left knee, left elbow, left shoulder, and low back. The patient's diagnoses included unspecified internal derangement of the knee. The patient had subjective complaints of severe left knee pain. The patient indicated that the left knee was giving way. The treatment plan included a left shoulder arthroscopic subacromial decompression, durable medical equipment, postoperative medication, physical therapy, and a pro-patella stabilizer (an elastic support that offers a patella tracking system essential to stabilizing the knee joint). The DWC Form RFA indicated the patient was to wear it daily through the functional restoration process.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO-PATELLA STABILIZER LEFT KNEES: Upheld

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

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

Decision rationale: The ACOEM Guidelines indicate that a brace may be used for patellar instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if a patient is going to be stressing the knee under load, for example when climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The documentation indicated there was a request for shoulder surgery and postoperative shoulder therapy. The clinical documentation submitted for review failed to indicate that the patient would be attending physical therapy for the knee or stressing the knee under a load. Given the above, the request for a pro-patella stabilizer is not medically necessary.