MAXIMUS Federal Services

Case Number:	CM14-0103683		
Date Assigned:	09/24/2014	Date of Injury:	12/23/2013
Decision Date:	10/24/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/07/2014

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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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:

Patient is a 64-year-old female who has submitted a claim for joint pain of the left leg, associated with an industrial injury date of 12/23/2013. Medical records from December 2013 to September 2014 were reviewed. Patient complained of join pain of the left leg. The mechanism of injury was a slip and fall. She was regularly seen by an orthopedist. The patient had a pre-existing occupational condition prior to the injury to which she underwent non-occupational left knee surgery in 2007. In a progress note, dated July 30, 2014, patient still had bilateral knee and leg pain, which was constant, dull, sometimes sharp, and stabbing that was aggravated with prolonged standing and sitting. She likewise noted occasional swelling over her bilateral knees. Physical examination of the right knee revealed range of motion: flexion to 120 degrees and extension to 160 degrees. Left knee range of motion: flexion 90 degrees and extension 180 degrees. Tenderness was noted in the left knee. X-ray of the left knee, dated 06/03/2014, revealed osteopenia, degenerative marginal osteophytes and degenerative osteosclerosis. Magnetic Resonance Imaging (MRI) of the left knee, dated 05/29/2014, revealed horizontal tear in the posterior horn in the posterior horn of the lateral meniscus and severe degenerative changes of the left knee joint with narrowing of the joint space. Treatment to date has included pain medications, TENS, and physical therapy Utilization review from June 16, 2014 denied the request for 1 Pro Patella Stabilizer. A brace is necessary only if the patient is going to stress the knee in therapies associated with functional restoration program, however, documentation did not mention that she would undergo such treatment modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pro Patella Stabilizer: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Brace

Decision rationale: CA MTUS ACOEM guidelines indicate that a brace should be used for patellar instability, ACL tear, or MCL instability. A brace is usually necessary only if the patient is going to be stressing the knee under load such as climbing ladders or carrying boxes. ODG states that patients with knee brace can increase confidence, which may indirectly help with the healing process. Patellar taping, and possibly patellar bracing, relieves chronic knee pain. In this case, in a progress note, dated July 30, 2014, reported that there was progressive worsening of left knee pain and swelling. The patient is scheduled to have physical therapy for the left knee, to which a brace may be used for patellar instability. The documentation has also provided information about the physical examination of the patient. There was limited range of motion and inadequate motor strength of the left knee. The previous and ongoing sessions of physical therapy and their results were also provided. Guideline criterion for patellar stabilizer use was met. Therefore, the request for 1 Pro Patella Stabilizer is medically necessary.