

Case Number:	CM14-0016482		
Date Assigned:	03/05/2014	Date of Injury:	12/09/2013
Decision Date:	05/28/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/10/2014

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 Orthopedic Surgery 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:

The claimant is a 33 year old female who was injured in a work related accident on December 9, 2013, sustaining a fall. The claimant sustained a patellar fracture that was treated on December 23, 2013 with primary repair of the patellar tendon and excision of distal pole of the patella. The surgery required a motionless recovery. The specific request in this case are in regards to the claimant's surgical process that involved a patellar tendon repair with excision of the distal pole of the patella. There is a 30 day request for a cryotherapy device in the postoperative setting as well as a request of postoperative use of a knee brace purchase times two. It is unclear why two braces were indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY DAY RENTAL OF COLD COMPRESSION UNIT WITH WRAP QUANTITY ONE: Upheld

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): 337-339.

Decision rationale: The California MTUS/ACOEM guidelines states "Local application of cold during first few days of acute complaint; thereafter, heat application is appropriate. Patients at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. There would be no current indication for a thirty day rental of the above device which would exceed the guideline criteria. The request for a thirty day rental of cold compression unit wrap, quantity 1, is not medically necessary and appropriate.

POST OPERATIVE KNEE BRACE PURCHASE TIMES TWO, QUANTITY TWO:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS/ACOEM guidelines, states, "Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as 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." There are no current indications for two braces as requested. Therefore the request for post-operative knee brace purchase, quantity 2, is not medically necessary and appropriate.