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| Case Number: | CM14-0192222 | | |
| Date Assigned: | 11/25/2014 | Date of Injury: | 10/15/2002 |
| Decision Date: | 01/12/2015 | UR Denial Date: | 11/11/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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 Family Medicine, and is licensed to practice in New Jersey and New York. 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 injured worker is a 42-year-old male who was injured on 10/15/02. He complained of left knee pain with popping, clicking, and the sensation that the knee will lock on him. He denied recurrent effusions, weakness, or instability. He feels patellofemoral grinding in the morning. He was diagnosed with left knee arthritis, left knee Chondromalacia patella, tear of the medial cartilage or meniscus of knee. A knee MRI in 2006 showed moderate Chondromalacia involving all three compartments. In 2007, he had left knee arthroscopy and partial meniscectomy with relief of symptoms allowing him to return to work. The patient developed clicking and locking later on. On 8/11/14, he had left knee arthroscopy, synovectomy, chondroplasty, loose body removal, and partial medial meniscectomy. A left knee arthrogram showed post-partial medial meniscectomy changes, full-thickness chondrosis with endochondral ossification in the medial and lateral femorotibial compartments as well as the trochlear groove, and full-thickness chondrosis with fissuring in the lateral patellar facet articular cartilage. In a 10/2014 progress note, he stated "his knee feels fine with only minimal discomfort. There is no longer any locking or clicking." His treatment included physical therapy, home exercise program, Euflexxa injections, and Diclofenac. The current request is for Tru-Pull lite and lower extremity orthotic knee control full kneecap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 10/14/14 Tru-Pull, lite left Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Tru-Pull is a patella support brace for mild to moderate patellar dislocations. As per the MTUS guidelines, "a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. 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." The patient does not suffer from any of the conditions stated above and would not be undergoing any strenuous activities that would require a brace. There is no documentation of ligament tears or instability of the knee, but rather meniscal tears, which have been repaired. A recent progress note stated that his knee had minimal discomfort and no longer had clicking or locking. Therefore, the request is not medically necessary.

Retro DOS 10/14/14 Addition to Lower extremity orthotic knee control full knee cap Qty 1:
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): 340.

Decision rationale: As per the MTUS guidelines, "a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. 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." The patient does not suffer from any of the conditions stated above and would not be undergoing any strenuous activities that would require a brace. There is no documentation of ligament tears or instability of the knee, but rather meniscal tears, which have been repaired. A recent progress note stated that his knee had minimal discomfort and no longer had clicking or locking. Therefore, the request is not medically necessary.