

Case Number:	CM14-0037914		
Date Assigned:	06/25/2014	Date of Injury:	09/14/2012
Decision Date:	07/31/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	03/31/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 52-year-old female who reported an injury on 09/14/2012. The mechanism of injury was not provided in the medical records. The patient's current diagnoses included a tibial plateau comminuted fracture, and a fracture of the proximal tibia head. Her previous treatments include medications and physical therapy. Within the most recent clinical note dated 02/28/2014, her symptom included right knee pain. Her physical examination findings included tenderness to pressure over the patella of the right knee, with no effusion. Her diagnostic x-rays revealed a joint space of 4 cm bilaterally; the fracture was healed, and was well-aligned. The treatment plan included a request for a Thompson brace for the right leg to improve ambulation and improve the patient's strength; and the request for an EMS stimulator for electro stimulation of the right quadriceps muscle for the next 4 months to improve strength in the muscle. The Request for Authorization was provided in the documentation dated 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Hinged Knee Brace - Thompson: 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): 339-340.

Decision rationale: The California MTUS ACOEM Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability, although its benefits may be more emotional than medical. Using a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders and carrying boxes. For the average patient, using a brace is usually unnecessary. The clinical documentation provided for review showed that the injured worker has continued to have chronic right knee pain. The guidelines state that a brace can be used for patellar instability, and if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. There was no documentation showing that the injured worker had patellar instability and was going to need a brace for the knee under load. Therefore, the request is not supported by the guidelines. As such, the request for purchase of Thompson hinged knee brace, is not medically necessary.

EMS Unit Rental & Supplies X 1 Month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The California MTUS Guidelines state that neuromuscular electro stimulation (NMES) devices are not recommended and are primarily used at a rehabilitation program following a stroke, and there is no evidence to support its use in chronic pain. The clinical documentation provided indicated the patient has continued to have chronic pain of her right knee since her injury. However, the guidelines do not support the use of neuroelectric stimulation for chronic pain. Therefore, the request is not supported by the guidelines. As such, the current request for EMS unit rental and supplies x1 month is not medically necessary.