MAXIMUS Federal Services

Case Number:	CM14-0062921		
Date Assigned:	07/11/2014	Date of Injury:	02/12/2013
Decision Date:	12/24/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/05/2014

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:

This 29-year-old male sustained an industrial injury on 2/12/13. Injury occurred when he was coming down a ladder, and the ladder twisted and fell with his left leg underneath it. He felt a pop and severe pain, and was unable to ambulate. The 1/23/14 initial treating physician report documented prior conservative treatment and persistent left knee complaints. X-rays showed a complete lateral patellar dominant articulation and lateral tile of the patella with no significant arthritic change. The diagnostic impression included healed left medial collateral ligament sprain and lateral compartment bone bruise, and probable left knee patellofemoral dislocation and tear of the medial patellofemoral ligament. There was evidence of increased laxity of the medial patellofemoral ligament on x-ray with worsening lateral tile of the patella on merchant views as compared to the opposite side. A left MRI was requested. A medial patellofemoral stabilizing sleeve was requested. The 3/4/14 left knee MRI showed mild proximal patellar tendinosis, mild deep infrapatellar bursitis, and mild chronic medial collateral ligament sprain. There was lateralization of the patella tendon insertion on to the tibial tuberosity which could predispose to patellar dislocations. The 3/20/14 treating physician report cited persistent left knee pain, 6/10 at rest and 9/10 with activity. The patient had received a patellofemoral stabilization sleeve which helped his knee feel better. Authorization for left knee arthroscopy with lateral release, imbrication of the medial patellofemoral ligament, and vastus medialis oblique was submitted with associated requests including a patellofemoral stabilizing sleeve. The 4/1/14 utilization review approved the request for left knee arthroscopic surgery. The request for a patellofemoral stabilizing sleeve was denied as the patient already had a patellofemoral stabilizing sleeve that he had been using and the medical necessity of a new one was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op patellofemoral stabilizing sleeve: 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 California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Records indicated that a patellofemoral stabilizing sleeve was requested on 1/23/14 and had been received and was being used as of 3/4/14. There is no compelling reason to support the medical necessity of an additional sleeve for post-operative use. Therefore, this request is not medically necessary.