

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0193990 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 07/23/2014 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

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:

65 year old female claimant with an industrial injury dated 07/23/14. The patient is status post ACL reconstruction with partial tearing at the distal aspect of the graft adjacent to which anteriorly is a 1cm focus of localized arthrofibrosis. Exam note 10/15/14 states the patient returns with the knee giving away and significant pain. The patient explains having difficulty walking, and carrying out daily activities. The patient also explains that the pain is resulting in low back and left leg numbness and tingling. Upon physical exam of the left knee the patient demonstrated a full extension, a flexion of 90' with significant pain with the range of motion test. The patient demonstrated pain with instability with the anterior drawer and Lachman's test with a positive pivot shift on the left and a negative on the right. The patient did not have any tenderness or laxity over the collateral ligaments and had a postoperative effusion. Treatment includes a scooter, an unloader knee brace, and an ACL knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter for the left knee (X months) quantity 3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Power Mobility Devices

Decision rationale: CA MTUS/ACOEM is silent on the issue of a scooter. According to the ODG, Knee and Leg section, power mobility devices, "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." In this case there is lack of evidence from the exam note of 10/15/14 of inability to insufficient upper extremity function or inability to use a cane or walker. Therefore request is not medically necessary.

Unloader knee brace, left quantity 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace

Decision rationale: CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The exam note from 10/15/14 demonstrate the claimant is experiencing specific laxity, instability, and ligament issues and therefore the request for an unloader knee brace, is medically necessary.

ACL knee brace, left quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee Brace section

Decision rationale: There is no need for two braces for the same knee condition. The decision is for certification for an unloader brace which will treat both the medial compartment disease from the records of 10/15/14 and the ACL deficient knee. Therefore the request for the ACL brace is not medically necessary.

