MAXIMUS Federal Services

Case Number:	CM15-0098271		
Date Assigned:	06/01/2015	Date of Injury:	01/04/2011
Decision Date:	07/02/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 01/04/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left tibia-fibula fracture status post intramedullary rodding, with incomplete healing, left quadriceps atrophy form fracture, and left knee internal derangement from intramedullary rodding. Treatment and diagnostic studies to date has included x-ray of the left fibula/tibia, magnetic resonance imaging of the left knee, medication regimen, and above listed procedure. In a progress note dated 04/20/2015 the treating physician reports complaints of persistent, sharp pain to the left knee and frequent, moderate pain to the left tibia. Examination reveals tenderness to the inferior pole of the patella tendon, tenderness to the distal point of the incision, and tenderness to percussion. The injured worker rates the pain to the left tibia a 2 to 8 out of 10, but did not indicate the injured worker's level of pain to the left knee. The pain is noted when the injured worker changes from a sitting to a standing position, or squatting position, pain with heel striking, pain with ascending and descending stairs, and pain with kneeling. The treating physician requested a transcutaneous electrical nerve stimulation unit for pain relief and a left patellar brace with a side post for local treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee patellar brace w/side post: 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): 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 did not have any of these diagnoses and signs of instability. Therefore, the request is considered medically unnecessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

Decision rationale: The request is not medically necessary. A trial of TENS unit is reasonable as an adjunct to a functional restoration program when other conservative appropriate pain modalities have failed. The patient was not documented to have failed conservative therapy at this point. A trial of the TENS unit was not authorized. The patient was not documented to be part of a functional restoration program. The request is considered not medically necessary.