

Case Number:	CM14-0182498		
Date Assigned:	11/07/2014	Date of Injury:	12/19/2009
Decision Date:	12/15/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal Medicine 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 patient is an injured worker with a history of right knee patellar fracture status post ORIF open reduction and internal fixation. The date of injury was December 19, 2009. The mechanism of injury occurred when she slipped on water. The patient had injury is to the right knee and low back. The diagnoses were patella fracture and lumbar sprain. Treatment has included physical therapy, medications, 6/25/12 bilateral foraminotomy L5-S1. ORIF open reduction and internal fixation of the right patella fracture was performed 2/20/09. Right knee ORIF open reduction and internal fixation was performed 2/21/11 with open repair of retinacular and capsular tearing, and patellar allograft. The progress report dated September 25, 2014 documented subjective complaints of severe flare-up in knee pain. Objective findings were documented. Right knee had patellar femoral crepitus. Range of motion was 0 degrees through 120 degrees. There was effusion. ACL anterior cruciate ligament and PCL posterior cruciate ligament were stable. There was peripatellar tenderness and quadriceps atrophy. Pain was present with weight bearing. X-ray of knee demonstrated valgus alignment, capsule calcification, patellar osteophytes, decreased lateral joint space. Diagnoses included right knee patellar fracture and lumbosacral strain. The treatment plan included a request for a knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged knee brace with patella cut-out purchase: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Knee brace

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses knee braces. American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints states that activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability. Official Disability Guidelines (ODG) state that knee braces are recommended for painful unicompartmental osteoarthritis, abnormal limb contour, severe osteoarthritis, and maximal off-loading of painful or repaired knee compartment. Medical records document that the patient has a history of right knee patellar fracture, status post two right knee surgeries. The progress report dated September 25, 2014 documented severe right knee pain, patellofemoral crepitus, effusion, peripatellar tenderness, quadriceps atrophy, and decreased range of motion. X-ray of the knee demonstrated valgus alignment, capsule calcification, patellar osteophytes, and decreased lateral joint space. Medical records, which document a structurally damaged knee, significant pain, repaired knee compartment, and abnormal limb contour, support the request for a hinged knee brace with patellar cut-out, in accordance with MTUS, ACOEM, and ODG guidelines. Therefore, the request for hinged knee brace with patellar cut-out is medically necessary.