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| Case Number: | CM14-0187342 | | |
| Date Assigned: | 11/17/2014 | Date of Injury: | 05/09/2009 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 10/25/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 and 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 51-year-old female who reported an injury on 05/09/2009. Working as a legal consultant, she was walking into a laundry room carrying a mop, dust pan, and broom, when she slipped on a soapy floor and fell on her back, twisted her left knee, right shoulder, neck and back. She also hit her head. The treatment history included x-rays were obtained and were negative for a fracture. She had physical therapy without significant improvement 09/30/2009, and she underwent arthroscopic surgery with partial meniscectomy and anterior cruciate ligament reconstruction on her left knee. Other therapies included MRI of the right shoulder and medications. The injured worker was evaluated on 10/06/2014, and it is documented the injured worker complained of pain in the left knee and right shoulder at 7/10. The injured worker received a cortisone injection in the right shoulder with 4 to 6 weeks of pain relief. It was noted that the injured worker in the last 10 days fell down the stairs carrying laundry because her knee collapsed underneath her on the left, and she ended up having broken toes confirmed in the emergency room. The injured worker has a TENS unit, hot and cold wrap. She has a regular knee brace, although she has instability and does not have a DonJoy brace. The findings included tenderness along the rotator cuff was noted. Abduction was 90 degrees, although passive with quite a bit of pain and can get to 110 degrees. She had a negative drop arm test, but with quite a bit of pain in the distribution along the proximal aspect of the biceps tendon. Weakness to resisted function was noted as well. Diagnoses included impingement syndrome of the shoulder of the right side, status post decompression and distal clavicle excision, biceps tendon release and rotator cuff repair with persistent symptomatology, internal derangement of the knee on the left with MRI subsequent to surgery showing attenuation of the anterior cruciate ligament and grade 2 to grade 3 chondromalacia along the patella for which she had no injections and for which she only has a knee brace. The plan included the therapy sessions, refill on her

medications, and x-rays of the knee brace. The provider was recommending a DonJoy brace. Authorization dated 10/06/2014 was for a DonJoy brace (defiance brace molded plastic, lower knee addition and upper knee addition) for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

DonJoy brace (defiance brace molded plastic, lower knee addition and upper knee addition) for the left knee: 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): 339-340.

Decision rationale: The requested knee brace is not medically necessary. Per the California MTUS/ACOEM guidelines state a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) 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 injured worker, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. It was noted the injured worker fell reinjuring her knee and breaking her toes. There was an unofficial MRI done on 03/14/2013 that revealed attenuated anterior cruciate ligament graft with increased signal and widening of the tibial and femoral tunnels. It was also noted the injured worker having a regular knee brace already. Moreover, there was no exam of the knee. There is no clinical indication for another brace. As such, the decision for DonJoy brace (defiance brace molded plastic, lower knee addition and upper knee addition) for the left knee is not medically necessary.