MAXIMUS Federal Services

Case Number:	CM15-0179045		
Date Assigned:	09/21/2015	Date of Injury:	03/12/2015
Decision Date:	10/23/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/11/2015

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: Arizona, California
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 35 year old male who sustained an industrial injury on 03-12-2015. Mechanism of injury occurred when her knee gave way and she hit the floor hard with her left kneecap. Diagnoses include left knee patella fracture, left knee sprain-strain, and status post left knee surgery. A physician progress note dated 08-06-2015 documents the injured worker complains of left knee pain that she rates as 10 out of 10 on the pain scale that increases with weight bearing. On examination there is tenderness to palpation of the anterior knee and muscle spasm of the anterior knee. On 07-29-2015, the injured worker was placed on Keflex. Wound was clean and incision was intact. In a progress note dated 07-09-2015 she has left knee pain rated 10 out of 10 with swelling. Left knee incision is healed. There is a visual gap in extensor mechanism of the knee. Range of motion is restricted. There is tenderness of the anterior knee. There is muscle spasm of the anterior knee. She had surgery done on 07-06-2015. On 07-02-2015 she complained of continued left knee pain associated with swelling and pain increased with weight bearing. She was scheduled for an open repair but she fell and suffered a laceration over the area of the planned surgery. X-rays revealed left patella fracture widely displaced. Treatment to date has included diagnostic studies, medications, knee immobilizer, a walker, and an open reduction and internal fixation of the left patella. Magnetic Resonance Imaging of the left knee done on 05-03-2015 showed traverse fracture through the patella with wide separation of fracture fragments with post-traumatic patella alta of larger fragment and joint effusion. There is an associated heterogeneous focus between the patellar fragments which may reflect hematoma. Current medications include Keflex, Ambien, Xanax and Percocet. She is not working, she is temporarily totally disabled. The Request for Authorization dated 08-07-2015 was for Percocet 10-325mg #90 and a folding cane. On 08-18-2015 the Utilization Review non-certified the request for a purchase of a folding cane for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a folding cane for the left knee: 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), Treatment Index, 13th Edition (web), 2015, Knee and Leg Chapter.

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 and pg 70.

Decision rationale: In this case, the claimant had trauma, bruising and fracture of the knee with joint effusion. A cane is recommended by the guidelines. The cane can be used to reduced ground forces and aid in ambulating. The request to purchase the cane is medically necessary.