

Case Number:	CM13-0036739		
Date Assigned:	12/13/2013	Date of Injury:	05/11/2010
Decision Date:	02/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 a 52-year-old female, injury date of 05/11/2010. The report by [REDACTED] 08/05/2013 shows that the patient is status post prior left knee arthroscopy, October 2012, with updated MR arthrogram indicating tear of the posterior horn of the medial meniscus. The patient continues to experience left knee pain. The exam showed patellar crepitus on flexion/extension with medial lateral joint tenderness and positive McMurray's test. Medications refilled. A knee sleeve will be provided and the patient wants to proceed with revision arthroscopy by the time of the next visit. There is a report by [REDACTED]. This one is dated 09/11/2013 and he lists Q-TECH DVT prevention-recovery system recommended for this patient to use as a purchase. This uses hot and cold therapies to combat pain and swelling while simultaneously using DVT/compression therapy to increase the blood circulation. Pro-ROM post-op knee brace was also recommended for purchase for the patient. The patient was to wear this brace every day postoperatively until knee joint is strong enough to begin physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Q-Tech cold therapy recovery system with wrap home use for 21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Continuous-Flow Cryotherapy Section

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

Decision rationale: This patient presents with recurrent tear of the meniscus and the treating physician, [REDACTED], is scheduling the patient for repeat surgery of the left knee. He has requested Q-TECH cold therapy for 21 days. MTUS and ACOEM Guidelines do not discuss continuous flow cryotherapy. However, ODG Guidelines states that these kinds of units are recommended as an option after surgery but not for non-surgical treatment. Postoperative use generally may be up to 7 days including home use. Recommendation is for denial as the provider is asking for 21 days of use. The requested duration exceeds what is recommended by ODG Guidelines which is no more than 7 days.

Pro-ROM post op knee brace purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: This patient is scheduled for repeat surgery of the left knee for complex tear of the medial meniscus. The MRI report from 05/30/2013 shows that there is a tear in the ulnar surface of the posterior horn of medial meniscus of left knee along with mild degenerative changes, medial compartment of the left knee. The patient is scheduled for knee surgery. While ACOEM Guidelines do not support routine use of knee bracing, ODG Guidelines have a more comprehensive discussion regarding knee bracing. For criteria use of the knee brace, meniscal cartilage repair is one of them for prefabricated knee brace. Recommendation is for authorization.