

Case Number:	CM13-0038614		
Date Assigned:	12/18/2013	Date of Injury:	07/17/2013
Decision Date:	02/14/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/25/2013

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 Pain Management 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:

This is a male patient with a date of injury of 7/17/13. A utilization review determination dated 10/16/13 recommends modification of Donjoy IceMan Clearcube and cold pad McGuire, Loop NS Rh to 7 days use. It also recommended non-certification of Defiance custom brace left knee A9901, Defiance custom brace left knee L1846, Defiance custom brace left knee L2755, Defiance custom brace MSMT only, lycra undergarment, and set-up/education/fitting. An operative report from 10/14/13 identifies that the patient underwent left knee surgery including endoscopic ACL reconstruction utilizing Achilles tendon allograft with interference screw fixation, diagnostic/operative knee arthroscopy, partial medial and lateral meniscectomy, chondroplasty of the patellofemoral joint and medial compartment, extensive three-compartment synovectomy/debridement, resection of hypertrophic synovial plica, bone graft (allograft) proximal tibial tunnel, and insertion of pain pump (extraarticular).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Donjoy IceMan Clearcube (Priority Care Solutions) between 10/15/13 and 12/14/13:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

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, Continuous-flow cryotherapy.

Decision rationale: Regarding the request for 1 Donjoy IceMan Clearcube (Priority Care Solutions) between 10/15/13 and 12/14/13, it should be noted that this was modified to 7 days of use by the previous utilization review. California MTUS does not address the issue, but ODG does support the use of continuous-flow cryotherapy after knee surgery for up to 7 days. However, there is no provision for modification of the current request, and it is not appropriate as requested. In light of the above issues, the currently requested 1 Donjoy IceMan Clearcube (Priority Care Solutions) between 10/15/13 and 12/14/13 is not medically necessary.

1 Cold Pad McGuire, Loop NS Rh (Priority Care Solutions) between 10/15/13 and 12/14/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

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, Continuous-flow cryotherapy.

Decision rationale: Regarding the request for 1 Cold Pad McGuire, Loop NS Rh (Priority Care Solutions) Between 10/15/13 and 12/14/13, it should be noted that this was modified to 7 days of use by the previous utilization review and this cold pad would be utilized in conjunction with the cold therapy unit. California MTUS does not address the issue, but ODG does support the use of continuous-flow cryotherapy after knee surgery for up to 7 days. However, there is no provision for modification of the current request, and it is not appropriate as requested. In light of the above issues, the currently requested 1 Cold Pad McGuire, Loop NS Rh (Priority Care Solutions) between 10/15/13 and 12/14/13 is not medically necessary.

1 Defiance custom brace, left knee L1846 (Priority Care Solutions) between 10/15/13 and 11/14/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

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 Chapter, Knee brace.

Decision rationale: Regarding the request for a Defiance custom knee brace, California MTUS does not address postoperative knee braces. ODG cites that prefabricated knee braces may be appropriate for patients with reconstructed ligaments, but custom knee braces are appropriate

only when there are conditions such as abnormal limb contour, skin changes, severe osteoarthritis, the need for maximal off-loading of painful or repaired knee compartment, or severe instability as noted on physical examination. Within the documentation available for review, there is no documentation of a supported indication for the use of a custom knee brace. In the absence of such documentation, the currently requested Defiance custom knee brace is not medically necessary.