

<b>Case Number:</b>	CM13-0041658		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Orthopedic Surgery 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:

This is a 57-year-old gentleman injured in a work-related accident on 1/31/13. The records indicate an injury to the left knee. Specific to the claimant's left knee, there is documentation of a left knee MRI dated 3/4/13 showing tearing to the posterior horn and body of the medial meniscus, with an intact ligamentous finding. Ultimately following a course of conservative care, an operative report dated 12/17/13 indicated that the claimant underwent a surgical arthroscopy with partial medial meniscectomy, chondroplasty, excision of plica, and removal of loose body. His preoperative diagnosis was that of meniscal tearing and arthritis. The review of the operative report indicated Grade II chondromalacia to the patella with Grade I changes to the medial femoral condyle. There is a request in this case for the necessity of the surgical process performed as well as the need for an assistant surgeon, post-operative use of a knee brace, and purchase of a cryotherapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF KNEE BRACE [associated with LEFT KNEE ARTHROSCOPIC PARTIAL MEDIAL MENISCECTOMY -- MAXIMUS IMR PENDING]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT IN WORKERS' COMPENSATION, ODG TREATMENT, INTEGRATED

TREATMENT/DISABILITY DURATION GUIDELINES, KNEE & LEG (ACUTE & CHRONIC) (UPDATED 06/07/13), CONTINUOUS-FLOW CRYOTHERAPY.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that the role of knee bracing is for documented instability, typically of ligamentous pathology. The Guidelines also indicate that 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, such as increasing the patient's confidence, than medical. In this instance, the claimant underwent a documented uneventful 12/17/13 partial medial meniscectomy. There would have been nothing in the claimant's post-operative course that would have indicated need for purchase of a knee brace. While the assistant use of ambulatory devices, such as crutches or a cane can be utilized following an arthroscopy, the use of bracing would not be indicated or supported in this individual.

**PURCHASE OF COLD THERAPY UNIT [associated with LEFT KNEE ARTHROSCOPIC PARTIAL MEDIAL MENISCECTOMY -- MAXIMUS IMR PENDING]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT IN WORKERS' COMPENSATION, ODG TREATMENT, INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES, KNEE & LEG (ACUTE & CHRONIC) (UPDATED 06/07/13), CRITERIA FOR THE USE OF KNEE BRACES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - CONTINUOUS-FLOW CRYOTHERAPY.

**Decision rationale:** The Official Disability Guidelines indicate that cryotherapy devices are typically recommended for up to seven (7) days, including home use, but are not recommended beyond that time frame. Thus, there would have been no indication for the purchase of the above device as outlined in this case. The request does not meet guideline criteria. Therefore, the request is non-certified.