

Case Number:	CM13-0058785		
Date Assigned:	06/09/2014	Date of Injury:	06/03/2012
Decision Date:	07/14/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational Medicine 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 49-year-old female with a 6/3/12 date of injury after falling down some stairs at work. The patient was recently seen on 4/14/14 progress report stated the patient had pain in the low back and left knee, as well as the plantar aspect of the left foot. There are intermittent paraesthesias in the little finger. Exam findings revealed normal gait, limited lumbar range of motion, decrease in sensation in the left S1 dermatome, tenderness in the left knee medially with 0-130 degree range of motion, and tenderness in the left heel medially. There is a positive Tinel's over the right elbow and decrease to sensation in the ring and pinky fingers. The diagnosis is left elbow lateral epicondylitis, left ankle sprain and plantar fasciitis, lumbar sprain, and right compression neuropathy of the ulnar nerve. Treatment to date has included a left knee arthroscopy on 10/16/13, Norco, heat, percussion therapy, electrical stimulation, left elbow injection, chiropractic therapy. A UR decision dated 11/14/13 denied the requests for unknown reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

PNEUMATIC INT COMPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Venous Thrombosis.

Decision rationale: Intermittent pneumatic compression devices are used to prevent thromboembolism in patients who are immobile, usually in hospital patients. This patient is not noted to be undergoing any surgery or be bedridden; hence the request as submitted was not medically necessary and appropriate.

RANGER BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter-braces.

Decision rationale: ACOEM Guidelines states that a knee 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 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 patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The ODG states that prefabricated knee braces may be appropriate for certain indications, such as knee instability, reconstructed ligament, articular defect repair, or tibial plateau fracture. The ranger brace is a prefabricated brace. This patient is noted to have had a left knee arthroscopy on 10/16/13 and some medial joint line tenderness, but there is scant information otherwise regarding the patient's knee complaints, physical findings, and history. There is no rationale as to why the patient requires a brace. Therefore, the request for a ranger brace is not medically necessary.

COLD THERAPY FOR THE KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The request for cold therapy is not specified. The patient is not noted to be undergoing surgery. In addition, there are scant complaints and physical exam

findings regarding the knee and the rationale for cold therapy is unclear. Therefore, the request is not medically necessary and appropriate.