

Case Number:	CM14-0001324		
Date Assigned:	04/04/2014	Date of Injury:	06/18/2012
Decision Date:	10/17/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 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:

The patient is a 33-year-old male with date of injury of 06/18/2012. The listed diagnoses per [REDACTED] are: 1 Sprain/strain of the right knee, 2. internal derangement of the right knee. 3. Status post right knee arthroscopy from 11/14/2013. According to the 11/07/2013 report, the patient complains of right knee pain that is sharp, stabbing, and aching, as well as pins and needles. His pain is constant at a rate of 9/10. The objective findings show decreased range of motion on flexion and tenderness to palpation over the right knee with crepitus. Muscle strength is 4/5 in flexion and extension. No other findings were noted on this report. The utilization review denied the request on 12/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Cold Therapy Rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), guidelines has the following: Recommended as an option after surgery.

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy from 11/14/2013. The treating physician is requesting a Q-Tech cold therapy rental. The MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG Guidelines on continuous-flow cryotherapy states that it is recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. Given the patient's recent right knee arthroscopic surgery on 11/14/2013, the requested rental would appear reasonable, but the request does not specify for how long. ODG supports 7 days of use only. Given the above, the request is not medically necessary.

Universal Therapy Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) guidelines has the following: Recommended as an option after surgery.

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy from 11/14/2013. The treating physician is requesting a universal therapy wrap. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on continuous flow cryotherapy for the knee states that it is recommended as an option for surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In this case, while continuous flow cryotherapy is recommended post knee surgery, the treater does not specify the duration of the request. ODG recommends 7 day post-operative use. Recommendation is for denial. Given the above, the request is not medically necessary.

Purchase of a Pro Rom post operative knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

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

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy from 11/14/2013. The treating physician is requesting a Pro ROM knee brace. The ACOEM Guidelines page 304 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more of emotional than medical. ODG further states that braces need to be used in conjunction with the rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. For prefabricated knee braces, ODG's indications are knee instability, ligament insufficiency/deficiency, reconstructive ligament, articular defect repair, etc. This patient does not present with any of the diagnoses that will qualify for a knee brace following surgery. There

are no MRIs of the right knee, and the treater does not discuss it either. Given the above, the request is not medically necessary.

Purchase of a Half Leg Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) guidelines has the following: Recommended as an option after surgery.

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy from 11/14/2013. The treater is requesting a half-leg wrap. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on continuous flow cryotherapy for the knee states that it is recommended as an option for surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In this case, while ODG recommends continuous flow cryotherapy following surgery, post-operative use is limited to 7 days. Given the above, the request is not medically necessary.

Purchase an X-Force Stim: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy from 11/14/2013. The treating physician is requesting a Q-Tech cold therapy rental. The MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG Guidelines on continuous-flow cryotherapy states that it is recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. Given the patient's recent right knee arthroscopic surgery on 11/14/2013, the requested rental would appear reasonable, but the request does not specify for how long. ODG supports 7 days of use only. Given the above, the request is not medically necessary.

Purchase of Crutches: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy from 11/14/2013. The treater is requesting crutches. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines on walking aids (canes, crutches, braces, orthosis, and walkers) states that almost half of patients with knee pain possess a walking aid. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Framed or wheeled walkers are preferable for patients with bilateral disease. In patients with osteoarthritis, the use of a cane or a walking stick in the hand contralateral to the symptomatic knee reduces the adduction moment by 10%. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with osteoarthritis. It appears that the treater is requesting the crutches following the patient's right knee arthroscopy from 11/14/2013. In this case, the request for crutches postoperative is reasonable. Given the above, the request is not medically necessary.

Rental of a knee CPM unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

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

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy from 11/14/2013. The treating physician is requesting a rental of a knee CPM unit. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines on CPM for knee conditions states that it is recommended for in-hospital use, but not routinely for home use. The criteria for use of continuous passive motion devices include 1. Total knee arthroplasty, 2. Acute cruciate ligament reconstruction. 3. Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. Postoperative use may be considered medically necessary in the acute hospital setting for 4 to 10 consecutive days, no more than 21 days. In this case, the patient does not meet the criteria per ODG Guidelines. Given the above, the request is not medically necessary.