

<b>Case Number:</b>	CM14-0104070		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/25/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 62-year old female who reported an injury on 11/25/2011. The mechanism of injury was not provided. The injured worker had diagnoses of right lower extremity radiculopathy and neuropathy, right knee contusion, and right knee chondromalacia patella. The past medical treatment included physical therapy and an injection. The injured worker had an MRI of the knee. The injured worker underwent right knee arthroscopic surgery and debridement on 02/18/2014. The injured worker stated pain was well controlled with medications on examination from 04/10/2014. The physical examination revealed mild inflammation noted with tenderness to palpation over the medial aspect of the right knee and infrapatella. Range of motion of the right knee had flexion at 100 degrees and extension of 2 degrees. Medications were not provided. The treatment plan was for functional right knee support for purchase and hot and cold pack with wrap for purchase. The rationale for the request was not provided. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional right knee support for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Knee Brace

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 339-340.

**Decision rationale:** The injured worker has diagnoses of right lower extremity radiculopathy and neuropathy, right knee contusion, right knee chondromalacia patella. The California MTUS/ACOEM guidelines state 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. In addition the guidelines state for the average patient, using a brace is usually unnecessary. 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 (i.e., increasing the patient's confidence) than medical. The requesting physician's rationale for the request is not indicated within the provided documentation. The documents reviewed do not indicate significant functional deficits. The physical examination revealed mild inflammation with tenderness to palpation over the medial aspect of the right knee and infrapatella. There is a lack of documentation indicating the injured worker has significant instability and functional deficits for which a knee brace would be indicated. Therefore the request for the left knee brace is not medically necessary.

**Hot and cold pack w/ wrap for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Cold/heat packs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 337.

**Decision rationale:** The injured worker stated pain is well controlled with medications on examination from 04/10/2014. The physical examination revealed mild inflammation noted with tenderness to palpation over the medial aspect of the right knee and infrapatella. The California MTUS/ACOEM guidelines state at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The guidelines recommend at-home local applications of cold packs in first few days of acute complaints; thereafter, applications of heat packs. The requesting physician's rationale for the request is not indicated within the provided documentation. The guidelines recommend cold packs in the first few days of acute complaints and thereafter, heat application. Given that the injured worker was injured in 2011 and the guidelines recommend cold packs in the first few days of injury, the use of cold packs would not be indicated. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore the request for Hot and cold pack w/ wrap for purchase is not medically necessary.