

Case Number:	CM14-0106719		
Date Assigned:	07/30/2014	Date of Injury:	11/29/2010
Decision Date:	10/07/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain 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 28 year old male who was injured on 11/29/10 due to lifting heavy boxes. The injured worker is status post left knee arthroscopic surgery with manipulation under anesthesia performed on 10/24/13. Records indicate postsurgical treatment has included postoperative physical therapy, non-steroidal anti-inflammatory drugs and muscle relaxants, bracing and a cortisone injection. Records indicate the injured worker noted improvement from the first surgery but describes some instability of the left knee. A clinical note dated 02/13/14 states that a qualified medical evaluator (QME), an Orthopedic Surgeon, is considering a left anterior cruciate ligament (ACL) repair. It is noted the injured worker is hesitant to proceed with this. A magnetic resonance image (MRI) of the left knee dated 04/04/14 reveals mild-to-moderate grade chondromalacia of the patella and myxoid degeneration of the posterior horn of the medial meniscus. There is no meniscal tear identified. The qualified medical evaluator submits a request for a left knee arthroscopic surgery with anterior cruciate ligament reconstruction on 04/16/14. This request also includes postoperative physical therapy, postoperative knee brace and postoperative cold therapy. Included is a request for the MRI report dated 04/04/14. Clinical note dated 05/19/14 states the injured worker and QME are awaiting authorization to precede with left ACL repair. QME re-submits the request for surgery on 05/28/14. Pain Management Consultation Report dated 06/17/14 states the request for arthroscopy of the left knee has been denied by the insurance carrier. Submitted records include a Utilization Review dated 06/27/14 which denies requests for a cold therapy unit, crutches and a knee brace as these were requested for postsurgical use and the injured worker's surgery was not approved. This is an appeal request for a cold therapy unit, crutches and a knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit: Upheld

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

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 & Leg Chapter, sections on Continuous-flow cryotherapy and Walking aids (canes, crutches, braces, orthoses & walkers)

Decision rationale: The request for a cold therapy unit, crutches and a knee brace is not recommended as medically necessary. Records indicate the request for this equipment was submitted in conjunction with a request for a surgical anterior cruciate ligament repair of the left knee. The requested equipment was to be used to aid in the postsurgical recovery of the injured worker's left knee. While guidelines do support the use of a cold therapy unit, crutches and knee braces for immediate postoperative use, records indicate the request for the surgical procedure was denied. As such, there is no need for postsurgical equipment. Based on this, the request for a cold therapy unit is not medically necessary.

Crutches: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Sections On Continuous-Flow Cryotherapy and Walking aids (Canes, Crutches, Braces, Orthoses & Walkers).

Decision rationale: The request for a cold therapy unit, crutches and a knee brace is not recommended as medically necessary. Records indicate the request for this equipment was submitted in conjunction with a request for a surgical anterior cruciate ligament repair of the left knee. The requested equipment was to be used to aid in the postsurgical recovery of the injured worker's left knee. While guidelines do support the use of a cold therapy unit, crutches and knee braces for immediate postoperative use, records indicate the request for the surgical procedure was denied. As such, there is no need for postsurgical equipment. Based on this, the request for crutches is not medically necessary.

Knee Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Sections On Continuous-Flow Cryotherapy and Walking aids (Canes, Crutches, Braces, Orthoses & Walkers).

Decision rationale: The request for a cold therapy unit, crutches and a knee brace is not recommended as medically necessary. Records indicate the request for this equipment was submitted in conjunction with a request for a surgical anterior cruciate ligament repair of the left knee. The requested equipment was to be used to aid in the postsurgical recovery of the injured worker's left knee. While guidelines do support the use of a cold therapy unit, crutches and knee braces for immediate postoperative use, records indicate the request for the surgical procedure was denied. As such, there is no need for postsurgical equipment. Based on this, the request for a knee brace is not medically necessary.