

Case Number:	CM14-0018006		
Date Assigned:	04/16/2014	Date of Injury:	01/18/2011
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/12/2014

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 & Rehabilitation, 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 injured worker is a 58 year old female who reported an injury on 01/18/2011. The mechanism of injury was cumulative trauma while performing normal job duties. The progress note dated 04/01/2014 stated the injured worker was scheduled for left knee arthroplasty on 02/05/2014. The progress note also reported a negative straight leg raise bilaterally and tenderness along the medial joint line of both knees. The request for authorization for a cold therapy unit, post-op knee brace, and neoprene sleeve slip for knee brace due to left knee macerated tear of posterior horn of medial meniscus and horizontal cleavage tear was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Guidelines.

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, Knee Brace.

Decision rationale: The request for a knee brace is not medically necessary. There is a lack of evidence to support the injured worker underwent surgery. ACOEM states 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. 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 Official Disability Guidelines recommend knee brace for knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. There was a lack of evidence of knee instability, ligament insufficiency/ deficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and/or tibial plateau fracture within the submitted medical records. Therefore, the request is not medically necessary.

NEOPRENE SLIP ON KNEE BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, KNEE GUIDELINES

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

Decision rationale: The request for a neoprene slip on knee brace is not medically necessary. There is a lack of evidence to support the injured worker underwent surgery. ACOEM states 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. 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 Official Disability Guidelines recommend knee brace for knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. The guidelines do not specify a particular brand of knee brace or a particular material which would be considered more effective over other braces. There was a lack of evidence of knee instability, ligament insufficiency/ deficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and/or tibial plateau fracture within the submitted medical records. Therefore, the request is not medically necessary.

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Guidelines.

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

Decision rationale: The request for a cold therapy unit is not medically necessary. There is a lack of evidence indicating the injured worker underwent surgery. The Official Disability Guidelines recommend cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. There is a lack of evidence to support the injured worker has undergone surgery or is scheduled for surgery and the guidelines state the cold therapy unit is for post-operative use. Therefore, the request is not medically necessary.

PHYSICAL THERAPY X 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The requested physical therapy times 12 visits is not medically necessary. The clinical documentation submitted for review does indicate that the injured worker was scheduled for a surgical intervention on the left knee to include a meniscectomy; however, there is no documentation that that surgical intervention occurred. California Medical Treatment Utilization Schedule recommends up to 12 visits of postsurgical physical therapy for a meniscectomy; however, an initial course of therapy of half the number of recommended visits is recommended. This would equal 6 physical therapy visits. There are no exceptional factors noted within the documentation to extend treatment beyond guideline recommendations. Additionally, in the absence of documentation providing details of the surgical intervention the need for postoperative physical therapy cannot be determined. As such, the requested physical therapy times 12 visits is not medically necessary.