

Case Number:	CM14-0167338		
Date Assigned:	10/14/2014	Date of Injury:	02/23/1996
Decision Date:	11/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 Orthopedic Surgery 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 case involves a 64-year-old gentleman who sustained a right knee injury as a result of a slip and fall on 02/23/96. The medical records provided for review included the 09/09/14 progress report documenting that the injured worker had an MRI scan showing no acute evidence of meniscal tearing. Physical examination showed restricted range of motion from zero to 90 degrees, a positive McMurray's test, mild effusion, and diffuse tenderness to palpation. The treating physician recommended a right knee arthroscopy, synovectomy, and meniscectomy. The 09/30/14 Utilization Review determination did not authorize the procedure due to lack of imaging findings supporting the surgery. This review is for the postoperative request for purchase of a polar care unit and use of a brace in the postoperative setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Post-Op purchase of [REDACTED] brace for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. 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; 337-339..

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines (ODG) criteria, the purchase of a knee brace would not be indicated. The Utilization Review determination dated 09/30/14 did not authorize the proposed knee surgery as medically necessary; therefore, the request for a knee brace would also not be medically necessary. Both guidelines do not support the role of bracing following knee arthroscopy and meniscectomy procedure. Rather, aggressive use of weight bearing and strengthening exercises for the lower extremity would be recommended. There would be no clinical indication for bracing following knee arthroscopy procedure. Therefore, this request is not medically necessary.

DME: Post-Op purchase of polar care for right knee:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 08/25/2014)

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

Decision rationale: Based on Official Disability Guidelines (ODG) criteria, the purchase a polar care unit would not be indicated. The Utilization Review determination dated 09/30/14 did not authorize the proposed knee surgery as medically necessary; therefore, the request for a cryotherapy device is not medically necessary. Regarding the purchase of a cryotherapy device, the Official Disability Guidelines (ODG) only supports the rental of the device for use up to seven days following surgery, including home use. Given that the request is for purchase of the cryotherapy device, the specific clinical request in this case, is not medically necessary.