

<b>Case Number:</b>	CM14-0173163		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/04/2014
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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, has a subspecialty in Pain Medicine, 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 is a patient with a date of injury of 7/4/14. A utilization review determination dated 10/13/14 recommends non-certification of right knee MRI, knee brace, IF unit, and hot/cold unit. Right knee x-ray was certified. 9/29/14 medical report identifies right hip and thigh pain and bilateral knee pain. On exam, there is an antalgic gait, right hip tenderness, positive Patrick (FABERE) test, right knee tenderness (described as anterior, posterior, lateral, medial, patella, medial joint line, and medial femoral condyle), decreased ROM, positive patellofemoral grinding, Lachman's, and McMurray tests, left knee tenderness anterior and lateral, and decreased strength right hip 4/5. Recommendations include topical medications, knee brace, IF unit, hot/cold unit, right knee MRI, FCE, and PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of The Right Knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Imaging: MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): ALGORITHM 13-1 AND 13-3, PAGE 343.

**Decision rationale:** Regarding the request for MRI right knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is documentation of ongoing knee pain with positive Lachman's and McMurray's test, which are evidence of ligament injury and catching on physical examination. In light of the above, the currently requested MRI right knee is medically necessary.

**Knee Brace:** Upheld

**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 Walking Aids

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

**Decision rationale:** Regarding the request for a knee brace, CA MTUS and ACOEM state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional 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. Within the documentation available for review, while there is apparently a positive Lachman's test on exam, there is no clear evidence that the patient's knee is unstable and that the patient will be stressing the knee under load. In the absence of such documentation, the currently requested knee brace is not medically necessary.

**Interferential (IF) Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 118-120 OF 127.

**Decision rationale:** Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation outlined

above. Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current request to allow a one-month trial of IF stimulation. In light of the above issues, the currently requested interferential unit is not medically necessary.

**Hot and Cold Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous-Flow Cryotherapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous-flow cryotherapy

**Decision rationale:** Regarding the request for a hot and cold unit, CA MTUS and ODG support the use of hot and cold packs. However, while high-tech devices such as cryotherapy units are supported for short-term use after surgery, they are not supported for nonsurgical use. Within the documentation available for review, there is no indication of a recent or pending surgery and a rationale for a formal hot and cold unit rather than simple hot/cold packs. In light of the above issues, the currently requested hot and cold unit is not medically necessary.