

<b>Case Number:</b>	CM14-0177595		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	04/26/2001
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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:

50-year-old female claimant was reported industrial injury of April 26, 2001. MRI right shoulder from August 23, 2013 demonstrates moderate rotator cuff tendinosis without full-thickness tear or retraction and without acute osseous or labral abnormality. MRI left knee demonstrates anterior ligament tear. Exam noted August 28, 2014 demonstrates complaints of pain in the left shoulder and left knee since her date of injury. The left knee demonstrates complaints of 9/10 diffusely around the knee joint but mainly the pain is on the lateral joint line. Pain is noted to be getting worse. She states her pain is a constant pain. She reports that her knee has buckled 2-3 times per day. She has a reported hinged knees brace which helps but does not prevent instability. Pain is noted with range of motion. There is no instability with manipulation weight bearing. Left knee exam demonstrates tenderness to palpation over the lateral joint line with positive McMurray's for pain laterally. A Lachman's and anterior drawer are noted be positive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm (Days) Qty: 21:** 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)

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request exceeds the recommended amount of days. Therefore, Vascutherm (Days) Qty: 21 are not medically necessary and appropriate.

**Custom ACL Brace Purchase:** 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)

**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 Chapter, Knee Brace.

**Decision rationale:** CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states 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. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The cited medical records demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore the request for durable medical equipment, custom knee brace, is not medically necessary and appropriate as there is no rationale why a custom brace is more efficacious than a traditional off the shelf brace. Therefore, the Custom ACL brace purchase is not medically necessary and appropriate.