

Case Number:	CM14-0031865		
Date Assigned:	06/20/2014	Date of Injury:	10/15/2007
Decision Date:	08/07/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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:

The patient is a 52-year-old with industrial injury dated November 15, 2007. Patient has been diagnosed with medial meniscal tear and degenerative changes to the right knee. Prior surgery of January 28, 2014 notes a right knee arthroscopy, a meniscectomy, and a debridement. Exam note February 6, 2014 states patient still has a chief complaint of right knee pain. Exam demonstrates no significant objective findings. Request for knee brace with cold pad. Utilization review of March 5, 2014 reports prior cryotherapy unit provided postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Brace with Cold Pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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; Knee brace.

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 seven days

postoperatively. In this case the request is duplicate as cryotherapy was already prescribed after the 1/28/14 arthroscopy. Therefore the determination is for non-certification. With regards to knee bracing, CA MTUS/ACOEM is silent on the issue. According to ODG knee bracing is for knee instability, ligament insufficiency or following complex knee reconstruction. In this case a debridement was performed on January 28, 2014. There is no evidence in the records cited of instability to warrant bracing. Therefore the request for a knee brace with cold pad is not medically necessary or appropriate.