MAXIMUS Federal Services

Case Number:	CM14-0054060		
Date Assigned:	07/16/2014	Date of Injury:	11/12/2011
Decision Date:	08/14/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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 claimant is a 74 year old male who injured his left knee in a work related accident on 11/12/11. Clinical records available for review include the report of plain film radiographs dated December, 2013 identifying advanced degenerative arthrosis. The 01/07/14 progress report notes continued complaints of left knee pain despite conservative care including physical therapy, acupuncture, corticosteroid injections, and medications. It was noted that the claimant was unable to have an MRI performed due to the presence of a pacemaker. As a result of failed conservative care, diagnostic arthroscopy and meniscectomy was recommended. The records document that a 04/08/14 utilization review supported the recommendation for knee arthroscopy. There are currently requests for perioperative use of knee bracing immobilization, a cryotherapy device, and 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Brace: Upheld

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

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

Decision rationale: The ACOEM Guidelines do not support knee bracing or immobilization. This individual was to undergo a knee arthroscopy and meniscectomy. There is no current indication for bracing or immobilization following a diagnostic /therapeutic knee arthroscopic procedure. There would be no indication for the role of postoperative bracing or use of immobilization given the nature of the claimant's surgery. As such, the request is not medically necessary and appropriate.

Knee Brace Immobilizer: Upheld

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

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

Decision rationale: The ACOEM Guidelines do not support knee bracing or immobilization. This individual was to undergo a knee arthroscopy and meniscectomy. There is no current indication for bracing or immobilization following a diagnostic /therapeutic knee arthroscopic procedure. There would be no indication for the role of postoperative bracing or use of immobilization given the nature of the claimant's surgery. As such, the request is not medically necessary and appropriate.

Cold Therapy Unit For 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, Knee And Leg Chapter, Continuous-flow Cryotherapy Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Continuous-flow cryotherapy.

Decision rationale: The ACOEM Guidelines supported by the Official Disability Guidelines criteria would not support purchase of a cryotherapy device. The ACOEM Guidelines recommend at home applications of ice packs for control of discomfort. According to the Official disability Guidelines, Cryotherapy devices are generally recommended for no more than seven days including home use following arthroscopic procedures to the knee. As such, the request is not medically necessary and appropriate.