

Case Number:	CM14-0057810		
Date Assigned:	07/09/2014	Date of Injury:	11/12/2008
Decision Date:	09/30/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/29/2014

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 and Rehabilitation 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 46-year-old male who has submitted a claim for low back pain due to lumbar myofascitis with underlying lumbar discopathy and left knee pain due to meniscus abnormalities and OA of the left knee associated with an industrial injury date of 11/12/2008. Medical records from 10/16/2013 to 02/11/2014 were reviewed and showed that patient complained of left knee pain (pain scale grade not specified). Physical examination revealed minimal tenderness over the left knee with minimal to mild tenderness over the left knee cap, ROM was full with pain on terminal flexion and extension, and intact sensation, DTR, and MMTs of lower extremities. X-ray of the left knee (date unavailable) revealed moderate severe osteoarthritis. MRI of the left knee dated 08/06/2013 revealed mild degenerative changes of medial and lateral meniscus, horizontal tear of anterior horn of the lateral meniscus, and chronic bone contusion involving both medial femoral condyle and tibial plateau. Treatment to date has included platelet rich plasma injection (10/19/2013), hyaluronic acid injection (10/19/2013), physical therapy Vicodin, and Soma. Utilization review dated 04/03/2014 denied the request for left knee brace and heating pad because there were no red flags or progressive deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

OA unloader left knee brace and heating pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Pages 337-339.

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, Knee Brace Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for use custom fabricated knee braces may be used in patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. Regarding heating pad, CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. In this case, the patient complained of knee pain which prompted request for knee brace. The patient was diagnosed with severe OA for which knee brace use is indicated. However, it is unclear if the patient is participating in a rehabilitation program. The guidelines state that knee braces are only necessary when a patient will put the knee under stress/load. Regarding heat pad, guidelines do not recommend heat wrap as it does not provide significant benefit compared to standard hot packs. It is unclear as to why conventional heat pack application will not suffice. Therefore, the request for OA unloader left knee brace and heating pad is not medically necessary.