

Case Number:	CM14-0058439		
Date Assigned:	07/09/2014	Date of Injury:	07/31/2013
Decision Date:	08/29/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 38-year-old female who was injured in a work related accident on 07/31/13. Clinical records indicate an injury to the right knee for which the progress report of 03/24/14 describes consistent complaints of ongoing pain. Physical examination showed medial joint line tenderness with positive McMurray's testing. There was a positive effusion with patellofemoral crepitation and swelling. Based on failed conservative care, a knee arthroscopy with partial medial meniscectomy and chondroplasty was recommended and certified by Utilization Review. This review is for the purchase of a knee brace in the postoperative setting and purchase of a cryotherapy device for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Brace (MBrace): 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.

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

Decision rationale: Based on California ACOEM guidelines, a knee brace following knee arthroscopy and meniscectomy procedure cannot be supported. The ACOEM Guidelines

recommend knee braces in cases of instability. The surgery will not create a degree of instability for which bracing would be indicated. There is currently no indication for the use of supported bracing following knee arthroscopy and meniscectomy, which will include a weight bearing recovery and advancement of function in a rapid fashion. Specific request would not be supported.

Cold Therapy 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 Knee and Leg.

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: California ACOEM Guidelines supported by Official Disability Guidelines do not support the purchase of a cryotherapy device. While ACOEM Guidelines would support the use of cold applications for pain control, the Official Disability Guidelines only recommend use of the cold therapy unit for up to seven days including home use. The purchase of the device as requested would not meet guideline criteria for duration and would not be indicated.

