

Case Number:	CM14-0063858		
Date Assigned:	07/11/2014	Date of Injury:	05/14/2013
Decision Date:	09/19/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 Occupational Medicine, 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 57-year-old female who has submitted a claim for meniscal tear with chondromalacia associated with an industrial injury date of 05/14/2013. Medical records from 11/13/2013 to 07/11/2014 were reviewed and showed that the patient complained of left knee pain. Physical examination revealed pain over the medial joint compartment, decreased knee range of motion (ROM), and positive McMurray's test. An MRI of the left knee dated 02/24/2014 revealed medial meniscus tear, joint effusion, grade II chondromalacia patella, and osteochondral lesion of the medial femoral condyle measuring approximately 10mm. Treatment to date has included physical therapy. Utilization review dated 04/24/2014 denied the request for cold therapy unit purchase for left knee because these devices have not had literature documentation of superiority over typically readily available cold application at home. Utilization review dated 04/24/2014 denied the request for post-op hinged knee brace purchase for left knee and CPM because the guideline criteria have not been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit purchase for the left knee with sterile wrap, pad: 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, Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The Aetna Clinical Policy Bulletin considers passive cold compression therapy units experimental and investigational for all other indications because their effectiveness for indications has not been established. The use of hot/ice machines and similar devices are experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, the patient complained of left knee pain which prompted the request for cold therapy unit purchase. The guidelines do not recommend ice machines and similar devices as it has not been shown to provide significant benefit compared to conventional cold pack application. It is unclear as to why standard cold pack application will not suffice. Therefore, the request is not medically necessary.

Post-operative knee 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.

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.

Decision rationale: According to ODG Guidelines, criteria for the use of prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. 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. In this case, the aforementioned circumstances to support the knee brace use were not present. Physical exam findings did not reveal signs of knee instability. Moreover, the patient was not documented to actively participate in a rehabilitation program. Furthermore, there was no documentation of a knee surgery to support the request for a postoperative knee brace. Therefore, the request is not medically necessary.

Continuous passive motion (CPM) for the knee, rental for six (6) weeks, and CPM pad purchase for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Continuous passive motion devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Passive Motion (CPM).

Decision rationale: ODG Guidelines states that beneficial effects of CPM over regular physical therapy may be small. Criteria for the home use of CPM is up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision. This may include patients with complex regional pain syndrome, extensive arthrofibrosis or tendon fibrosis; or physical, mental, or behavioral inability to participate in active physical therapy. In this case, there was no documentation of a previous knee surgery. CPM is only recommended for up to 17 days postoperatively. There is no clear indication for CPM at this time. Therefore, the request is not medically necessary.