

Case Number:	CM14-0093513		
Date Assigned:	07/25/2014	Date of Injury:	01/23/2007
Decision Date:	09/26/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/19/2014

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 Nevada. 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 records presented for review indicate that this 53 year-old male was reportedly injured on 1/23/2007. The mechanism of injury is not described. The most recent progress note, dated 5/13/2014, indicates that there are ongoing complaints of chronic right knee pain. The physical examination demonstrated right knee: antalgic gait with a cane. Pain occurs the hundred degrees of flexion which limits further movement. No recent diagnostic studies are available for review. Previous treatment includes previous surgeries x 3, medications, and conservative treatment. A request had been made for right knee brace, and cold therapy unit, and was not certified in the pre-authorization process on 5/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Brace: 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) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) No Recommendation for Brace for all Acute, Sub-Acute and Chronic Knee disorders (Insufficient Evidence (I)) (electronically sited).

Decision rationale: According to ACOEM guidelines there is no recommendation for or against functional bracing as part of a rehabilitation program. A brace can be used for patellar instability, Anterior Cruciate Ligament (ACL) tear, or Medical Collateral Ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. After reviewing the medical records provided there is no documentation of instability on physical exam, therefore this request is deemed not medically necessary.

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 (ODG) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Continuous Flow Cryotherapy - (updated 7/29/14).

Decision rationale: Official Disability Guidelines (ODG) recommend cold therapy unit as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. After reviewing the medical records provided it is noted the patient has had 3 previous knee surgeries, however the last was performed in 2011. Therefore without significant documentation for the necessity of his current treatment, this request is deemed not medically necessary.