

Case Number:	CM14-0187960		
Date Assigned:	11/18/2014	Date of Injury:	01/09/2014
Decision Date:	01/06/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/11/2014

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:

According to the records made available for review, this is a 53-year-old female with a 1/9/14 date of injury. At the time (10/10/14) of request for authorization for Knee brace and Cold therapy unit, rent or buy two or four weeks, there is documentation of subjective (anterior left knee swelling and pain) and objective (pre-patellar swelling over lateral half of patella, positive patellar crepitation, positive patellar grind test, and tenderness over the swollen pre-patellar bursa) findings, and current diagnoses (left pre-patellar bursitis and left knee contusion), treatment to date (medications and physical therapy). Medical reports identify a knee bursectomy that has been authorize/certified. Regarding knee brace, there is no documentation of patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; abnormal limb contour; skin changes, severe osteoarthritis (grade III or IV); maximal off-loading of painful or repaired knee compartment, or severe instability. Regarding cold-therapy unit, there is no documentation that the patient has a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee braces

Decision rationale: MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. ODG identifies documentation of abnormal limb contour (such as: Valgus [knock-kneed] limb, Varus [bow-legged] limb, Tibial varum, Disproportionate thigh and calf (e.g., large thigh and small calf), or minimal muscle mass on which to suspend a brace); Skin changes (such as: excessive redundant soft skin, thin skin with risk of breakdown (e.g., chronic steroid use), severe osteoarthritis (grade III or IV), maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain), or severe instability (as noted on physical examination of knee), as criteria necessary to support the medical necessity of knee braces. Within the medical information available for review, there is documentation of diagnoses of pain left pre-patellar bursitis and left knee contusion. In addition, there is documentation of conservative treatment. However, there is no documentation of patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability, abnormal limb contour (Valgus [knock-kneed] limb, Varus [bow-legged] limb, Tibial varum, disproportionate thigh and calf (e.g., large thigh and small calf), or minimal muscle mass on which to suspend a brace); Skin changes (Excessive redundant soft skin, thin skin with risk of breakdown (e.g., chronic steroid use), severe osteoarthritis (grade III or IV), maximal off-loading of painful or repaired knee compartment, or severe instability. Therefore, based on guidelines and a review of the evidence, the request for Knee brace is not medically necessary.

Cold therapy unit, rent or buy two or four weeks: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Cold compression therapy; Venous thrombosis; Continuous-flow cryotherapy

Decision rationale: MTUS does not address this issue. ODG identifies that cold compression therapy is recommended as an option after surgery, but not for nonsurgical treatment. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of mechanical compression therapy. Furthermore, ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of pain left pre-patellar bursitis and left knee contusion. However, there is no documentation that the patient has a high risk of developing venous thrombosis. In addition, the request for Cold therapy unit, rent or buy two or four weeks exceeds guidelines (up to 7 days post-op). Therefore, based on guidelines and a

review of the evidence, the request for Cold therapy unit, rent or buy two or four weeks is not medically necessary.