

Case Number:	CM14-0190548		
Date Assigned:	11/24/2014	Date of Injury:	03/21/2011
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/14/2014

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:

This is a 58 year old male with a 3/21/11 injury date. In a 10/22/14 UR decision, the patient was approved to undergo right total knee arthroplasty. In a 9/25/14 note, the patient complained of right knee pain for several years. Objective findings included mild effusion, joint line tenderness, and positive McMurray's test. Right knee x-rays on 9/25/14 showed joint space narrowing in the medial and patellofemoral compartments. The provider recommended the Ossur brace, Mobileg crutches, and 4 month TENS unit rental for post-operative use. Diagnostic impression: bilateral knee osteoarthritis. Treatment to date: bilateral knee arthroscopy (2012), physical therapy, medications. A UR decision on 10/22/14 modified the request for Ossur innovative range of motion brace to allow for a prefabricated knee brace because the patient was certified for right total knee arthroplasty, and there is no evidence that a custom knee brace offers any advantages over a prefabricated brace in that setting. The request for Mobileg crutches was modified to allow for standard crutches, but the rationale was not included in the documentation. The request for TENS unit rental was denied but the rationale was left out of the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Purchase of Ossur innovative range of motion brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Procedure, Criteria for the use of knee braces

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--Knee brace. Other Medical Treatment Guideline or Medical Evidence:
<http://www.ossur.com/oa-solutions/oa-products/oa-knee>

Decision rationale: CA MTUS does not address this issue. ODG supports custom knee braces with a condition which may preclude the use of a prefabricated model; severe osteoarthritis (grade III or IV); the need for maximal off-loading of painful or repaired knee compartment; or severe instability as noted on physical examination. Ossur produces several different types of knee braces to be used for different purposes. The provider did not specify the type of Ossur brace or the rationale for why it would be necessary after total knee arthroplasty. In general, a custom knee brace would not be necessary after knee replacement surgery. Therefore, the request for purchase of Ossur innovative range of motion brace is not medically necessary.

Associated surgical service: Purchase of Mobileg crutches: 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), Knee & Leg, walking aids

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--Walking aids. Other Medical Treatment Guideline or Medical Evidence:
<http://www.mobilegs.com/index.cfm?fuseaction=home.products>

Decision rationale: CA MTUS does not address this issue. ODG states that walking aids are recommended, with almost half of patients with knee pain possessing a walking aid. Mobileg crutches are alternatively-designed crutches. There is no evidence-based literature that supports the safety and efficacy of Mobileg crutches over conventional crutches. Therefore, the request for purchase of Mobileg crutches is not medically necessary.

Associated surgical service: 4 month rental of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for post operative pain Page(s): 116-117,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However,

there is no evidence that a TENS unit is effective after total knee arthroplasty and there was no rationale or discussion of exceptional factors that would necessitate a post-operative TENS unit in this patient. In addition, the request was for a 4-month rental, which is beyond the initial one-month guideline recommendation. Therefore, the request for 4-month rental of TENS unit is not medically necessary.