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| Case Number: | CM15-0014304 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 07/30/2002 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 52 year old male, who sustained a work related injury on 7/30/02. The diagnoses have included left knee degenerative osteoarthritis, medial meniscus surgery left knee 2008, and internal derangement of both knees. Treatments to date have included oral medications, x-ray left knee, hyaluronic injections, steroid injections, physical therapy and use of a brace to left knee. In the PR-2 dated 11/27/14, the injured worker complains of his left knee pain. He states the knee has "become locked." He states his pain medications are not working well to control his pain. The knee is painful to range of motion and has some swelling. On 1/12/15, Utilization Review non-certified requests for 1 pair of crutches, post-operative knee brace, 30 days rental of Micro Cool unit, and purchase of interferential current unit with supplies. The California MTUS, ACOEM Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pair of Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, walking aids.

Decision rationale: The attached medical record indicates that the injured employee has not been approved or scheduled for a knee surgery. Considering this, the request for crutches for postoperative use is also not medically necessary.

Post-Operative Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

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, braces.

Decision rationale: The attached medical record indicates that the injured employee has not been approved or scheduled for a knee surgery. Considering this, the request for a postoperative knee brace is also not medically necessary.

30 Days Rental of Micro Cool 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), Knee & Leg (Acute & Chronic), Continuous-flow cryotherapy.

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, continuous flow cryotherapy.

Decision rationale: The attached medical record indicates that the injured employee has not been approved or scheduled for a knee surgery. Considering this, the request for 30 day rental of a Micro Cool unit is not medically necessary.

1 Purchase Interferential Current Unit with Supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The California MTUS guidelines does indicate that an inferential current stimulator usage is indicated for postoperative pain, however the attached medical record does not indicate that the injured employee has been approved or scheduled for a knee surgery. Per

MTUS CPMTG with regard to interferential current stimulation: "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." As the requested treatment is not recommended by the MTUS, and has only limited evidence of improvement when used in conjunction with other recommended treatments, the request is not medically necessary.