

Case Number:	CM15-0133375		
Date Assigned:	07/21/2015	Date of Injury:	07/28/2014
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 60 year old female with an industrial injury dated 07/28/2014. Her diagnoses included anterior cruciate ligament/medial collateral ligament injury, right knee with residual instability and status post total knee arthroplasty, left knee with nearly resolved peroneal nerve palsy. Prior treatment included left knee surgery. She presented on 04/13/2015 with complaints of right knee "giving way". She had a prior total knee arthroplasty (left) and peroneal nerve palsy post-operatively. Left knee was getting better but right knee was becoming more symptomatic. Physical examination noted a mild antalgic gait favoring her right knee. Right knee demonstrated tenderness along the medial joint line with a 2-3 plus Lachman's as well as a 2-3 plus pivot shift test. Patellar grind test and Homan's sign were negative. MR of right knee noted small impaction of the posterior aspect of the lateral and medial tibial plateau, possible tear of the proximal attachment of the anterior cruciate ligament and small joint effusion with a popliteal cyst. Treatment plan recommended surgery for right knee. Treatment request is for crutches for the right knee, post-op hinged knee brace for right knee and rental of cold therapy for right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op hinged knee brace for right knee: 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) Treatment for Worker's Compensation, Online Edition 2015 Chapter Knee and Leg (updated 05/05/2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 38.

Decision rationale: According to the knee disorders under discussion almost always can bear weight, as tolerated. For example, treatment could include a partial weight-bearing gait using crutches with the affected leg on the floor and with the weight distributed between crutches and leg by adjusting the amount of force applied with arms on the crutches. Even at the acute stage, however, patients can usually perform appropriate lower extremity exercises, and can remove the immobilizer for active range-of-motion exercises, at least twice a day. Using load-bearing exercises and movement is far more beneficial to the muscle, tendon, skeleton, and cartilage. A short period of immobilization may be recommended and as an option for rehab but prolonged use is not recommended. According to the ODG guidelines, Criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability. 2. Ligament insufficiency/deficiency. 3. Reconstructed ligament. 4. Articular defect repair. 5. Avascular necrosis. 6. Meniscal cartilage repair. 7. Painful failed total knee arthroplasty. 8. Painful high tibial osteotomy. 9. Painful unicompartmental osteoarthritis. 10. Tibial plateau fracture Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb b. Varus [bow-legged] limb c. Tibial varum d. Disproportionate thigh and calf (e.g., large thigh and small calf). Minimal muscle mass on which to suspend a brace. 2. Skin changes, such as: a. Excessive redundant soft skin b. Thin skin with risk of breakdown (e.g., chronic steroid use). 3. Severe osteoarthritis (grade III or IV). 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain). 5. Severe instability as noted on physical examination of knee. In this case, the length of use of the brace was not specified, and long-term use is not recommended, therefore the brace as prescribed is not substantiated and is not medically necessary.

Rental of cold therapy for right knee: 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) Treatment for Worker's Compensation, Online Edition 2015 Chapter Knee and Leg (updated 05/05/2015).

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 and pg 17.

Decision rationale: According to the guidelines, cryotherapy is recommended up to 7 days post-operatively to decrease pain and inflammation. In this case, the length of use for 14 days exceeds the guidelines. The cold therapy unit as requested is not medically necessary.

Crutches for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Worker's Compensation, Online Edition 2015 Chapter Knee and Leg (updated 05/05/2015).

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 chapter and pg 70.

Decision rationale: Although the ODG guidelines recommended walking aids such as crutches, the length of use was not specified. The ACOEM guidelines recommended weight bearing and therapy on the affected knee and the use of crutches for a short - period. The length of use was not substantiated and therefore not medically necessary.