

<b>Case Number:</b>	CM15-0145394		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	09/13/2014
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 53-year-old male who sustained an industrial injury on 9/13/14. Injury occurred when he tried to jump onto a machine in the field and could not make it. He came back down landing awkwardly on his left leg, causing his knee to buckle and twist. He underwent left knee arthroscopy with partial medial meniscectomy on 12/12/14. The injured worker attended 20 post-operative physical therapy visits. The 5/7/15 left knee MRI impression documented truncated/diminutive medial meniscus with oblique grade 3 signal traversing the posterior horn/mid zone remnants, scarring/chronic sprain of the medial collateral ligament, and osteoarthritis/chondromalacia including chondral fissuring of the medial patellar facet and trochlear groove with joint effusion and a tiny popliteal cyst. The 6/25/15 treating physician report cited on-going left knee pain over the medial aspect and the patella. He walked with a limp and occasionally used a cane. Pain had not been relieved despite all treatment, and a previous steroid injection was only minimally helpful. Left knee exam documented tenderness over the medial joint line, and lateral patellar retinacular, lateral facet, and lateral trochlear regions. There was discomfort with compression over the patella and lateral epicondyle. There was no instability. The diagnosis was meniscal tear, possible new on old and lateral facet compression syndrome with chondromalacia patella. Authorization was requested for left knee surgery and associated services including a knee brace and a Polar Care cold therapy unit. The 7/14/15 utilization review modified the request for left knee arthroscopy with partial medial meniscectomy, lateral release, and treatment of encountered pathologies to left knee arthroscopy with lateral release and evaluation of the medial meniscus with possible meniscectomy. The

requests for knee brace and Polar Care cold therapy unit were non-certified based on discussion with treating physician as the injured worker possibly had a cryotherapy unit from a prior surgery. A left knee arthroscopic multicompartamental synovectomy, partial medial meniscectomy, and chondroplasty was performed on 8/4/15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated surgical service: Knee brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) pages 346-347.

**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 and Leg: Knee braces.

**Decision rationale:** The California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. In general, custom braces are not supported over pre-fabricated braces unless specific indications are met. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have been met. This injured worker underwent a meniscectomy and chondroplasty. There is guideline support for the use of a brace for meniscal cartilage and articular defect repair. The use of a brace in this case would be reasonable for pain control and stability. Therefore, this request is medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

**Associated surgical service: Polar care 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), Knee Chapter (updated 07/10/15), Cryotherapies.

**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 California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery for 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. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request is not medically necessary.