

Case Number:	CM15-0184840		
Date Assigned:	09/22/2015	Date of Injury:	05/21/2014
Decision Date:	11/02/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 21, 2014. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve a request for a cold therapy unit and a knee brace. An August 5, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated August 5, 2015, a knee arthroscopy, 12 sessions of postoperative physical therapy, preoperative medical clearance, and postoperative medications were sought. On an associated progress note dated August 5, 2015, the applicant reported ongoing complaints of elbow, knee, and wrist pain. The applicant was asked to continue working while knee surgery was pending. On July 1, 2015, the applicant was again asked to continue working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit, left knee, purchase: 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.

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

Decision rationale: No, the request for a cold therapy unit [purchase] is not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a postoperative cryotherapy device following planned knee surgery. The MTUS does not address the topic. However, ODG's Knee Chapter Continuous Flow Cryotherapy topic notes that continuous cooling devices or cold therapy units are recommended only as an option after surgery, with postoperative use limited to seven days. Here, thus, the request for a purchase of the cryotherapy device in question, in effect, represented treatment beyond ODG parameters. Therefore, the request is not medically necessary.

Knee brace (MBrace), left knee, purchase: Overturned

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.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary.

Decision rationale: Conversely, the request for a knee brace is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346, functional bracing is deemed "optional" when employed as part of a rehabilitation program. Here, the attending provider framed the request as a request for usage of a brace postoperatively, following planned knee surgery. Provision of the brace in question, thus, was seemingly intended to facilitate the applicant's functional recovery and rehabilitation postoperatively. Therefore, the request is medically necessary.