

Case Number:	CM15-0186699		
Date Assigned:	09/28/2015	Date of Injury:	01/10/2015
Decision Date:	11/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/22/2015

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 49-year-old male who sustained an industrial injury on 01-10-2015. Current diagnosis includes right knee medial meniscus tear. Report dated 06-30-2015 noted that the injured worker presented with complaints of going up and down stairs and pain with squatting and kneeling. It was noted that the injured worker has been approved for surgery, which is scheduled for 07-25-2015. Physical examination performed on 06-30-2015 revealed right knee swelling, restricted range of motion, tenderness along the medial joint line, positive McMurray's and Apley compression tests medially. Previous treatments included medications, and physical therapy. The treatment plan included proceeding with surgery and follow up in 4 weeks. The utilization review dated 09-10-2015, non-certified the request for retrospective request for Cold therapy unit, right knee indefinite use DOS 7/25/15 and retrospective request for Knee brace, right knee, indefinite use DOS 7/25/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cold therapy unit, right knee indefinite use DOS 7/25/15: 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.

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 cold packs and cold therapy is recommended in the acute phase and 7 days after surgery. In this case, the claimant was scheduled for knee surgery. Although their request for cold therapy unit is appropriate, indefinite use is not medically necessary.

Retrospective request for Knee brace, right knee, indefinite use DOS 7/25/15 QTY 1.00:
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 brace.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg.

Decision rationale: According to the guidelines, knee bracing may be used for arthritis, short term after injury and as an option for a rehabilitation program. Long-term use is not indicated due to risk of reduced mobility, flexibility, strength and range of motion. In this case, the claimant is undergoing knee surgery, but the request for indefinite use is not medically necessary.