

<b>Case Number:</b>	CM15-0191341		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	07/21/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: New York, California

Certification(s)/Specialty: Emergency 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 injured worker is a 32-year-old male, with a reported date of injury of 07-21-2014. The diagnoses include bilateral knee internal derangement, left patella chondromalacia, right knee sprain and strain, status post left knee surgery, and lumbar radiculitis. Treatments and evaluation to date have included physical therapy, Ibuprofen, Nabumetone, Acetaminophen, and chiropractic treatment. The diagnostic studies to date have included an MRI of the left knee on 08-17-2015 which showed failed posterior fixation pin, moderate medial compartment osteoarthritis, mild patellar tendinosis, and small joint effusion with two prominent bodies posteriorly; extracorporeal shockwave procedure on 08-19-2015; trigger point impedance imaging on 07-23-2015 which showed ten trigger points, and findings consistent with lumbar spine and myofascial pain syndrome; and trigger point impedance imaging on 07-08-2015. The progress report dated 05-20-2015 indicates that the injured worker was there for an evaluation of his left knee. The injured worker rated his pain 7 out of 10. It was noted that the injured worker had to walk with his leg out to the side and externally rotate it to decrease the popping and catching in his knee. The injured worker reported pain over the patellofemoral joint laterally and centrally within the knee. The pain was constant, and made worse with walking and standing. The objective findings include a well-healed incision on the left knee; minimal tenderness of the medial left knee; tenderness over the patellofemoral joint; significant crepitus of the left patellofemoral joint; left knee extension at 5 degrees; left knee flexion at 135 degrees; inability to fully extend the left knee; stable varus and valgus stability; and ambulation with a significant limp. It was noted that x-rays of the left knee showed extensive degenerative changes, extensive

degenerative joint disease of the patellofemoral joint primarily on the lateral facet of the patella and the lateral trochlear ridge. The injured worker remained temporarily totally disabled. The orthopedic examination report dated 08-21-2015 indicates that the injured worker complained of bilateral knee pain and low back pain. The objective findings include tenderness to palpation over the medial and lateral joint lines of the bilateral knees, and healed scars over the left knee. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested the purchase of two underarm spring assisted crutches, rental of contrast compression for 21 days, purchase of one knee pad, one post-operative brace, and purchase of one off the shelf rebound brace. On 09-10-2015, Utilization Review (UR) non-certified the request for the purchase of two underarm spring assisted crutches, rental of contrast compression for 21 days, purchase of one knee pad, one post-operative brace, and purchase of one off the shelf rebound brace.

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

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

**Underarm sprint assisted crutches purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Walking aids (canes, crutches, braces, orthoses and walkers).

**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: Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** CAMTUS is silent with respect to this request. The submitted documentation does not include an examination that discusses the IW gait any use of a walking aid. The submitted documentation does not discuss a planned surgical procedure. The documentation does not include why crutches are requested. Alternative aides such as a cane are not discussed. Without supporting documentation, the request for crutches is not medically necessary.

**Contrast compression 21 days rental:** 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 & Leg, Game Ready accelerated recovery system, 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 chapter: continuous flow cryotherapy.

**Decision rationale:** The MTUS does not provide direction for continuous flow cryotherapy. The Official Disability Guidelines this therapy for consideration of up to 7 days after surgery. The units are not recommended for non-surgical treatment. It is not clear from the documentation

why this unit is being requested. There is no discussion of a planned surgery. Additionally, the request is for 21 days, which exceeds the recommended timeframe. Without the support of the documentation or adherence to guidelines, the request is not medically necessary.

**Knee pad purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Walking aids (canes, crutches, braces, orthoses and walkers).

**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: knee brace, walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** CAMTUS is silent with respect to this request. The submitted documentation does not include an examination that discusses the IW gait any use of a walking aid. The submitted documentation does not discuss a planned surgical procedure. The documentation does not include why a kneepad is being requested or what context such a device would be utilized. Without supporting documentation, the request for a kneepad is not medically necessary.

**Post-operative brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Walking aids (canes, crutches, braces, orthoses and walkers).

**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: Knee brace.

**Decision rationale:** Ca MTUS is silent on this topic. According to ODG guidelines, knee braces are "Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load." Further criteria recommendations are: 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. The submitted documentation does not discuss a planned surgery. Without the clarity of the request or

anticipated surgery, the request for a post-operative brace cannot be effectively evaluated. The request is not medically necessary.

**Off the shelf rebound brace 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 Chapter, Walking aids (canes, crutches, braces, orthoses and walkers).

**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: Knee brace.

**Decision rationale:** Ca MTUS is silent on this topic. According to ODG guidelines, knee braces are "Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load." Further criteria recommendations are: 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. The submitted documentation does not discuss a planned surgery. Without the clarity of the request or anticipated surgery, the request for a post-operative brace cannot be effectively evaluated. The request is not medically necessary.