MAXIMUS Federal Services

Case Number:	CM15-0203593		
Date Assigned:	10/22/2015	Date of Injury:	04/27/2009
Decision Date:	12/10/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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: California, North Carolina
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 56 year old male, who sustained an industrial injury on 4-27-09. The injured worker was diagnosed as having right knee internal derangement, right knee pain, right knee sprain and strain, left knee internal derangement, left knee pain, and left knee sprain and strain. Treatment to date has included a right knee injection, use of a knee brace, use of a cane, physical therapy, acupuncture, and Tylenol #4. Physical examination findings on 8-24-15 included decreased and painful left knee range of motion with crepitus. On 8-17-15, physical examination findings included bilateral knee tenderness to palpation of the anterior knee, lateral knee, and medial knee. McMurray's sign was positive bilaterally. Left knee pain was rated as 6 of 10. The treatment plan included knee surgery. On 8-27-15, the injured worker complained of knee pain. On 8-27-15, the treating physician requested authorization for a Q-tech cold therapy recovery system with wrap x21 days rental, Pro-ROM post-operative knee brace for purchase, and crutches for purchase. On 9-18-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech cold therapy recovery system with wrap 21 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee & leg (acute & chronic).

Decision rationale: Cold therapy is recommended as an option post-operatively, but not for non-surgical treatment. Post-operative use is approved for up to seven days. The request is for a 21-day rental, which exceeds recommended guidelines. If the possible surgery mentioned is discussed, consideration of approval for seven-day therapy can be given. The current request, however, is not medically necessary or appropriate.

Pro-ROM post-operative knee brace for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg (acute and chronic).

Decision rationale: The request is for a post-operative knee brace. However, in this case, there is no clarification provided to determine if a proposed knee arthroscopy has been performed. A post-operative assessment of the patient's complaints, if any, should be included with the request in order to ascertain the need for a brace. Therefore, at this time, the request is not medically necessary or appropriate.

Crutches for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg (acute and chronic).

Decision rationale: The request is for a pair of crutches for purchase. It is assumed that the crutches are for post-operative use, however it is not clear that the anticipated arthroscopic surgery has been approved or performed. There is no rationale as to why purchase as opposed to rental is being requested. A post-operative assessment of the patient's complaints, if any, is not included in the submitted documentation to support the request. Therefore, the request is not medically necessary or appropriate at this time.