

Case Number:	CM15-0033986		
Date Assigned:	02/27/2015	Date of Injury:	10/24/2011
Decision Date:	05/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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
 Certification(s)/Specialty: Pediatrics, Internal 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 40 year old female, who sustained an industrial injury on 10/24/2011. The current diagnosis is severe traumatic chondromalacia of the patella and underlying intertrochlear area, which is progressively worsening. Currently, the injured worker complains of left knee pain with associated giving-way and locking. The physical examination of the left knee reveals marked patellofemoral crepitation. Range of motion is limited. She has significant atrophy and strength resistance to flexion and extension on the left, compared with 5/5 on the right. Treatment to date has included medications, activity restrictions, bracing, physiotherapy, multiple cortisone injections, viscosupplementation, and arthroscopic clean out. On 2/6/2015, left knee patellofemoral arthroplasty was certified. The treating physician is requesting Norco 10/325mg #90, 3 in 1 commode, Thermacooler rental times 4 weeks, cane, and Neoprene brace with patellar stabilization and hinges, which is now under review. On 2/6/2015, Utilization Review had non-certified a request for Norco 10/325mg #90, 3 in 1 commode, Thermacooler rental times 4 weeks, cane, and Neoprene brace with patellar stabilization and hinges. The Norco was modified to #60 and the Thermacooler was modified to cold therapy unit times 7 day rental. The California MTUS Chronic Pain, ACOEM, and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

Decision rationale: Per the MTUS Guidelines the use of opioids should be part of a treatment plan that is tailored to the patient. Since the IW is approved for surgery a postoperative course of opioids for pain control is reasonable. The request is medically necessary and appropriate.

3 in 1 commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) TWC Official Disability Guidelines (DME).

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 - Durable medical equipment (DME).

Decision rationale: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The request is not medically necessary and appropriate.

Thermacooler rental times 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) TWC Official Disability Guidelines.

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: Continuous-flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be 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. There is no clear indication as to why the cryotherapy has been requested for 4 weeks instead of 7 days. This request is not medically necessary and appropriate.

Neoprene brace with patellar stabilization and hinges: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and (ODG) TWC Official Disability Guidelines.

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: Per ODG guidelines, there are no data in the published peer-reviewed literature that shows that custom-fabricated functional knee braces offer any benefit over prefabricated, off-the-shelf braces in terms of activities of daily living. Patellar taping may be preferred over bracing due to the fact that there is much more evidence for taping than bracing, and also because taping produces better clinical results in terms of reductions in pain than patellar bracing, plus patients are more active in their rehabilitation with taping than with bracing. The request is not medically necessary and appropriate.

Cane: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) TWC Official Disability Guidelines.

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: Walking aids are recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The IW has already been approved for a front wheeled walker which will prevent nonuse and further negative outcome. However, the IW will need to progress past the use of a walker and will likely still require support and a cane would be medically necessary at that time.