

Case Number:	CM15-0045586		
Date Assigned:	03/17/2015	Date of Injury:	12/21/2007
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 41-year-old man sustained an industrial injury on 12/21/2007. The mechanism of injury is not detailed. Evaluations include cervical spine MRI showing multilevel disc bulging. Treatment has included oral medications and surgical intervention. Physician notes dated 1/29/2015 show continued pain to the right shoulder following arthroscopy. The worker has also completed right knee arthroscopy. Recommendations include pain management for cervical epidural injection; Naproxen and Prilosec, post-operative physiotherapy, continued work restrictions, and follow up in four weeks.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Continuous-flow cryotherapy.

Decision rationale: Q-tech cold therapy recovery system with wrap is not medically necessary per ODG guidelines as written. The MTUS guidelines are silent on this specific issue. The MTUS does not specifically discuss continuous flow cryotherapy. There is mention in the MTUS of use "At-home local applications of cold packs in first few days of acute complaints; thereafter, applications of heat packs." The ODG states that continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." The request as written does not specify a duration of use. Additionally, the request is not medically necessary because ODG guidelines state that the available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. The documentation also indicates that the patient is beyond the 7-day postoperative period. For all of these reasons the request is not medically necessary.

1 Pro ROM post op knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: One Pro ROM post op knee brace is not medically necessary per the ODG guidelines. The MTUS ACOEM does discuss bracing of the knee in regards to acute knee injuries. The ACOEM MTUS Guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional. The ACOEM does state that a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. Per the ODG, an unloader brace for the knee is designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee. There is no documentation that the patient will be stressing the knees under load therefore this request is not medically necessary.

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), walking aids (canes, crutches, braces, orthoses & 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- Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Crutches are not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that 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 documentation indicates that the patient ambulates with crutches therefore this request is not medically necessary.