

Case Number:	CM15-0082875		
Date Assigned:	05/05/2015	Date of Injury:	01/21/2015
Decision Date:	06/29/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/30/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 26-year-old male, who sustained an industrial injury on January 21, 2015. He reported pain in the right knee after falling back on the right leg while scanning bags. The injured worker was diagnosed as having internal derangement of the knee, knee pain and knee sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, bracing, physical therapy, medications and activity restrictions. Currently, the injured worker complains of continued right knee pain with associated popping, buckling and locking. He also reported depression, sleep disruptions and gastrointestinal symptoms. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 21, 2015, revealed pain in the right knee. Physical therapy was recommended and medications were ordered. Evaluation on April 13, 2015, revealed continued pain with associated symptoms. However it was noted he was not taking any medications. It was noted MRI imaging of the right knee revealed a complex lateral meniscal tear, a full thickness ACL tear, effusion and irregularities. Arthroscopic anterior cruciate ligament reconstruction and partial lateral meniscectomy of the right knee, post-surgical knee braces, a TENS unit and post-operative physical therapy and polar care were requested. The disputed requests pertain to polar care for 21 days rental, custom fabricated knee brace, TENS unit, and 12 sessions of post-surgical physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Polar care 21 days rental: 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 ODG: Section: Knee, Topic: Continuous Flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option after knee surgery for up to 7 days. It decreases pain, inflammation, swelling, and need for narcotics after surgery. Use beyond 7 days is not recommended. As such, the request for 21 days rental of Polar Care unit is not supported and the medical necessity of the request has not been substantiated. Therefore, the requested treatment is not medically necessary.

Associated surgical services: Defiance brace molded plastic lower knee and upper knee addition: 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 ODG: Section: Knee, Topic: Knee braces.

Decision rationale: ODG guidelines recommend prefabricated knee braces for postoperative use after ligamentous reconstruction. Custom fabricated knee braces may be appropriate for patients with abnormal limb contour such as a valgus limb, varus limb, tibia vara, disproportionate thigh and calf, minimal muscle mass on wish to suspend a brace, redundant skin, and severe osteoarthritis. The documentation provided does not indicate any of the conditions that necessitate a custom fabricated knee brace. Utilization review has certified a prefabricated knee brace for postoperative use. As such, the request for a Defiance brace molded plastic lower knee and upper knee addition is not supported and the medical necessity of the request has not been substantiated. Therefore, the requested treatment is not medically necessary.

Associated surgical services: Four lead TENS unit - conductive garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Post-operative Pain Page(s): 116.

Decision rationale: California MTUS chronic pain guidelines recommend postoperative use of a TENS unit in the first 30 days after surgery. This appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect or not at all for other orthopedic surgical procedures. The injured worker is undergoing arthroscopic knee surgery with partial meniscectomy and anterior cruciate ligament reconstruction. The guidelines do not

support the use of a TENS unit for this orthopedic procedure. As such, the request for a four lead TENS unit and conductive garment is not supported and the medical necessity of the request has not been substantiated. Therefore, the requested treatment is not medically necessary.

Associated surgical services: Physical therapy 3 x 4 for the right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 24 visits over 16 weeks for anterior cruciate ligament reconstruction. The postsurgical treatment may continue up to 6 months. The initial course of therapy is one half of these visits which is 12. Then with documentation of continuing objective functional improvement a subsequent course of therapy of the remaining 12 visits may be prescribed. The request as stated is for 12 visits which is appropriate and as such, the medical necessity of the request has been established. Therefore, the requested treatment is not medically necessary.