

Case Number:	CM14-0113910		
Date Assigned:	08/01/2014	Date of Injury:	10/02/2008
Decision Date:	09/19/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 41year old female injured worker with a date of injury of 10/2/08, with related right knee pain. Per progress report dated 6/26/14, the injured worker complained of spasms and attacks of pain along the right knee. There was buckling and constant pain. She complained of issues with sleep, stress, and depression. Per physical exam, there was extreme tenderness along the knee. The range of motion was 155 degrees of extension and limited motion was noted along the knee. There was tenderness along the patellofemoral joint. She was status post right knee surgeries dated 2003, 2009, and 2011. MRI of the right knee dated 12/27/13 documented that there were chondromalacia patella and small joint effusion. There was degenerative intrameniscal signal within the posterior horn of the medial meniscus. She ambulated with a cane, and used a knee immobilizer and brace. She was refractory to physical therapy, and injections. She has been treated with medication management and TENS. The date of UR decision was 7/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELS ROM brace: Overturned

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, Criteria for use of braces.

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, Knee Brace.

Decision rationale: Per ODG TWC with regard to knee braces: 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." Per progress report dated 6/26/14, it was noted that the injured worker suffered from constant pain and spasms of the right knee with buckling. Knee instability is a criterion for the use of knee braces. The UR physician did not provide a rationale for his denial. The request for an ELS ROM Brace is medically necessary.

Polar care rental 21 dys: 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, 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) Low Back, Continuous-flow cryotherapy.

Decision rationale: The MTUS is silent on the use of cold therapy units. The ODG states 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. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. 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." As the ODG only supports the use of cold therapy units for up to 7 days, the request for Polar Care Rental for 21 days rental is not medically necessary.