

Case Number:	CM14-0127503		
Date Assigned:	08/15/2014	Date of Injury:	11/29/2010
Decision Date:	11/13/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/12/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 28-year-old with a date of injury of 11/29/2010. A brief progress report associated with the request for services, dated 05/28/2014, identified subjective complaints of left knee pain. Objective findings included tenderness to palpation of the knee. Diagnoses (paraphrased) included arthroscopy status of the knee from 2013. Treatment had included arthroscopy in 2013. Medications included a non-steroidal anti-inflammatory drug (NSAID) and oral analgesic. A Utilization Review determination was rendered on 08/01/14 recommending non-certification of "Cold therapy unit and anterior cruciate ligament brace".

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit: 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 Chapter

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, Cryotherapy; Knee, Continuous-flow Cryotherapy

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that at-home applications of heat or cold packs to aid exercises are as effective as those performed by a therapist. The Official Disability Guidelines (ODG) state that cryotherapy does not improve disability, quality of life, or composite function measures in arthritis of the knee. Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use may be up to 7 days, including home use. The Guidelines recommend continuous-flow cryotherapy postoperatively for up to 7 days. In this case, the patient is not postoperative and the request is to purchase a cryotherapy unit, which is unnecessary for short-term use. Therefore, the record does not document the medical necessity for a cold therapy unit.

Anterior cruciate ligament brace: 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee Brace

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that prophylactic or prolonged bracing of the knee is not recommended. The Official Disability Guidelines (ODG) state that knee braces are recommended under the following conditions:- Knee instability- Ligament insufficiency/deficiency- Reconstructed ligament- Articular defect repair- Avascular necrosis- Meniscal cartilage repair- Painful failed total knee arthroplasty- Painful unicompartmental osteoarthritis They further note: "In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load." In this case, the criteria for a brace are not met. The progress note was brief and did not document instability or a concurrent rehabilitation program. Therefore, the record does not document the medical necessity for an anterior cruciate ligament brace.