

Case Number:	CM14-0165908		
Date Assigned:	10/13/2014	Date of Injury:	08/31/2013
Decision Date:	11/14/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 61-year-old male with date of injury of 08/31/2013. The listed diagnosis per [REDACTED]. [REDACTED] from 09/16/2014 is status post partial medial meniscectomy with chondroplasty of the patella in medial femoral condyle from 04/04/2014. According to this report, the patient complains of right knee pain. He has an antalgic gait with marked tenderness along the medial joint line and a palpable plica. There was no effusion or instability noted. The patient received an injection to his knee, the date and medication of which is unknown, and 4 days after the injection, he was doing well with minimal complaints. There is minimal tenderness medially with no instability, no swelling, and good mobility. The utilization review denied the request on 09/23/2014.

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 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 Official Disability Guidelines (ODG) Knee/Leg Chapter on Continuous Cryotherapy

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy, chondroplasty, and meniscectomy from 04/04/2014. The treater is requesting a cold therapy unit. Since the progress report and request for authorization are missing or not provided regarding this request, it is not known what time-frame this request for cold therapy unit pertains to. The MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG Guidelines on continuous full cryotherapy states that it is recommended as an option after surgery but for nonsurgical treatment, postoperative use generally may be up to 7 days including home use. Review of the report from 06/17/2014 report notes that the patient is "doing extremely well status post right knee surgery. He will therefore now be with an independent exercise program and I will see him back in 3 months for a permanent and stationary report." None of the other reports discuss this request. It is not known whether or not this unit was used for post-operative time period and if so, for how long. While ODG supports this type of treatment for 7 days following surgery but not in any other context. Given the lack of treater's discussion as to when and for how long this unit is to be used, recommendation is for denial.

Wrap: 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 Official Disability Guidelines (ODG) Knee/Leg Chapter on Continuous Cryotherapy

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy, from 04/04/2014. The treater is requesting a wrap to be used with continuous flow cold therapy unit. The MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG Guidelines on continuous full cryotherapy states that it is recommended as an option after surgery but for nonsurgical treatment, postoperative use generally may be up to 7 days including home use. Review of the report from 06/17/2014 report notes that the patient is "doing extremely well status post right knee surgery. He will therefore now be with an independent exercise program and I will see him back in 3 months for a permanent and stationary report." None of the other reports discuss this request. It is not known whether or not this unit was used for post-operative time period and if so, for how long. While ODG supports this type of treatment for 7 days following surgery but not in any other context. Given the lack of treater's discussion as to when and for how long this unit is to be used, recommendation is for denial.

Knee Support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under Knee/Leg Chapter on Braces and supports

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy from 04/04/2014. The treater is requesting knee support. The ACOEM Guidelines page 304 states that brace that can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. ODG further states that 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 a load. For prefabricated knee braces, ODG's indications are knee instability, ligament insufficiency/deficiency, reconstructive ligament, and articular defect repair, etc. This patient does not present with any of the diagnoses that will qualify for a knee brace following surgery. There are no MRIs of the right knee and the treater does not discuss it either. Recommendation is for denial.

Crutches: Overturned

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 Official Disability Guidelines (ODG) under Knee/Leg Chapter on Walking Aids

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy from 04/04/2014. The treater is requesting crutches. None of the reports provided discuss the request and it is probably but not known that the request is for post-operative use of the crutches. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines on walking aids (canes, crutches, braces, orthoses, and walkers) state that almost half of patients with knee pain possess a walking aid. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Framed or wheeled walkers are preferable for patients with bilateral disease. In patients with osteoarthritis, the use of a cane or a walking stick in the hand contralateral to the symptomatic knee reduces the adduction moment by 10%. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with osteoarthritis. Review of the reports show that the patient is s/p knee arthroscopic surgery from 4/4/14. The use of crutches may have been indicated following this surgery for a short time. It does not appear indicated in the current time frame based on June 2014 report as the patient is ambulating with little antalgia but may have needed the crutches following surgery. Recommendation is for authorization.