

Case Number:	CM13-0030754		
Date Assigned:	06/06/2014	Date of Injury:	04/25/2011
Decision Date:	01/05/2015	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surgery, 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:

According to the records made available for review, this is a 40-year-old male with a 4/25/11 date of injury. At the time (8/28/13) of request for authorization for right knee scope/arthroscopy, cold therapy machine (rental or purchase), crutches (one pair), postoperative physical therapy 3 times a week for 4 weeks, knee brace, and cane, there is documentation of subjective (right knee pain with swelling) and objective (tenderness over medial and lateral right knee joint line, decreased right knee extension with crepitus, knee flexion of 120 degrees, and decreased quadriceps muscle strength) findings, imaging findings (MRI right knee (8/27/13) report revealed degenerative signal of the medial and lateral meniscus with a questionable tiny tear of the posterior horn of the lateral meniscus, mild chondromalacia patella with thinning of the patellar cartilage and mild medial compartment cartilage thinning), current diagnoses (right knee chondromalacia patellae, right knee medial meniscal tear, and right thigh muscle atrophy), and treatment to date (medications). Regarding right knee scope/arthroscopy, there is no documentation of failure of exercise programs to increase the range of motion and strength of the musculature around the knee and additional subjective findings (functional limitations continue despite additional conservative care (exercise programs)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Machine (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure Summary

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 Chapter, Continuous-flow cryotherapy

Decision rationale: MTUS reference to ACOEM identifies patient's at-home applications of cold packs may be used before or after exercises and are as effective as those performed by a therapist. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of right knee chondromalacia patellae, right knee medial meniscal tear, and right thigh muscle atrophy. In addition, there is documentation of a plan for a right knee scope/arthroscopy. However, the requested for cold therapy machine (rental or purchase) exceeds guidelines (as an option after surgery for up to 7 days, including home use). Therefore, based on guidelines and a review of the evidence, the request for cold therapy machine (rental or purchase) is not medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Post-operative physical therapy (12-sessions, 3 times a week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right knee chondromalacia patellae, right knee medial meniscal tear, and right thigh muscle atrophy. In addition, there is documentation of a plan for a right knee scope/arthroscopy. However, the requested 12 post-operative physical therapy treatments exceed guidelines (1/2 the number of sessions recommended for the general course of therapy). Therefore, based on guidelines and a review of the evidence, the request for post-operative physical therapy (12-sessions, 3 times a week for 4 weeks) is not medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Knee 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 and Leg Procedure Summary

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

Decision rationale: MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. Within the medical information available for review, there is documentation of diagnoses of right knee chondromalacia patellae, right knee medial meniscal tear, and right thigh muscle atrophy. In addition, there is documentation of a plan for a right knee scope/arthroscopy. However, there is no documentation of patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. In addition, there is no documentation that the patient is going to be stressing the knee under load. Furthermore, there is no documentation that the brace will be properly fitted and combined with a rehabilitation program. Therefore, based on guidelines and a review of the evidence, the request for knee brace is not medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Cane: 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 and Leg Procedure Summary

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); Other Medical Treatment Guideline or Medical Evidence: Medicare National Coverage Determinations Manual

Decision rationale: MTUS does not address this issue. ODG identifies documentation of disability, pain, and age-related impairments, as criteria necessary to support the medical necessity of a walking aid. Medical Treatment Guidelines identifies documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home, as criteria necessary to support the medical necessity of a cane. Within the medical information available for review, there is documentation of diagnoses of right knee chondromalacia patellae, right knee medial meniscal tear, and right thigh muscle atrophy. However, despite documentation of a plan for a right knee scope/arthroscopy, there is no documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home. Therefore, based on guidelines and a review of the evidence, the request for

cane is not medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.