

Case Number:	CM15-0114746		
Date Assigned:	06/23/2015	Date of Injury:	06/12/2014
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/15/2015

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: California, Indiana, Oregon
 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 46 year old male, who sustained an industrial injury on 06/12/2014. He has reported injury to the head, neck, right shoulder, right wrist, right knee, right foot, and low back. The diagnoses have included cervical spine musculoligamentous sprain/strain with C5-C6 spondylosis; thoracic spine musculoligamentous sprain/strain; lumbar spine musculoligamentous sprain/strain; right shoulder impingement syndrome; right wrist sprain/strain; and right knee contusion, sprain/strain, meniscal tear, and anterior cruciate ligament tear. Treatment to date has included medications, diagnostics, activity modification, chiropractic therapy, physical therapy, and home exercise program. Medications have included Ultram ER, Voltaren XR, Fexmid. A consultation report from the treating physician, dated 04/13/2015, documented an evaluation with the injured worker. The injured worker reported right knee pain rated at 10/10 on the pain scale; and he has instability, swelling, stiffness, and weakness, as well as locking and episodes of giving way. Objective findings included positive medial joint line tenderness of the right knee; right knee varus, posterior drawer testing, anterior drawer sign, and Lachman's test are positive; positive posterolateral rotatory instability; and the MRI of the right knee revealed anterior cruciate ligament partial tear, posterior cruciate ligament complete tear, and clinically apparent posterior lateral horn and lateral collateral ligament insufficiency/tear. The treatment plan has included the request for 1 custom made anterior cruciate ligament/posterior cruciate ligament brace; and surgi-stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Custom made Anterior Cruciate Ligament/Posterior Cruciate Ligament Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Knee Brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The cited medical records demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. The use of bracing after anterior cruciate ligament (ACL) reconstruction cannot be rationalized by evidence of improved outcome including measurements of pain, range of motion, graft stability, or protection from injury. In this case, the ACL and PCL will be reconstructed surgically. Therefore, the request for durable medical equipment, knee brace, is not medically necessary and appropriate.

Surgi-stimulator unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); Neuromuscular electrical stimulation (NMES) devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, pages 118-119 state, "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." ODG Knee recommends NMES as an option after ACL reconstruction used early in the post-operative setting. It is recommended for use at the physical therapy sessions and not for home use. The request is for DME for a stimulator unit, which while recommended as an option, is most appropriately used at physical therapy. Based on this the request is not medically necessary.