MAXIMUS Federal Services

Case Number:	CM15-0115968		
Date Assigned:	07/02/2015	Date of Injury:	06/29/2006
Decision Date:	07/31/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/16/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year old female, who sustained an industrial injury on 6/29/2006. The medical records did not include the details regarding the initial injury. Diagnoses include anterior cruciate ligament and medial cruciate ligament, right knee, meniscus tear, right knee, chronic partial tears of the anterior cruciate ligament, right knee, mucoid degeneration of the lateral meniscus, right knee, status post right knee arthroscopy 6/21/07. Treatments to date include activity modification, physical therapy, home exercise, and medication therapy. Currently, she complained of difficulty going up and down stairs due to the pressure on the right knee. On 4/6/15, the physical examination documented right knee swelling and popping. The plan of care included a thirty day rental of an X-force stimulator plus three months supplies, conductive garment, a Q-tech cold therapy recovery system with wrap, twenty one day rental, and a Pro- ROM postoperative knee brace for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-ROM post-op knee brace; purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

Decision rationale: According to the MTUS, knee supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. Pro-ROM post-op knee brace; purchase is not medically necessary.

Q-Tech cold therapy recovery system with wrap; twenty-one (21) days rental: 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, 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, Knee & Leg (Acute & Chronic), Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery. Postoperative use generally may be up to 7 days, including home use. The request exceeds that which is recommended in the Guidelines. The previous reviewer modified the original request from 21 days down to 7 days. Q-Tech cold therapy recovery system with wrap; twenty-one (21) days rental is not medically necessary.

X-force stimulator unit; thirty (30) day rental plus 3 months supplies, conductive garment 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS); Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. The previous reviewer modified the request for an X-force to a TENS unit instead. X-force stimulator unit; thirty (30) day rental plus 3 months supplies, conductive garment 2 is not medically necessary.