

Case Number:	CM15-0178175		
Date Assigned:	09/21/2015	Date of Injury:	02/06/2015
Decision Date:	10/22/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/10/2015

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, Oregon, Washington
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 31-year-old male, who sustained an industrial injury on February 6, 2015. The initial complaints reported by the injured worker were handwritten and illegible. The injured worker was diagnosed as having right knee meniscal tear. Treatment to date has included diagnostic studies, medications, physical therapy and chiropractic treatment. On March 31, 2015, an MRI scan of the right knee showed a tear of the anterior cruciate ligament, tear of the medial meniscus and a chondral injury of the medial femoral condyle. On August 3, 2015, the injured worker complained of back pain radiating to his mid back, bilateral shoulder pain, bilateral elbow pain, bilateral wrist and hand pain with tingling and numbness in the hands and fingers, low back pain radiating to his feet, bilateral knee pain and bilateral ankle and foot pain. Treatment recommendations included a right knee arthroscopy, medial meniscectomy and anterior cruciate ligament reconstruction and possible cortisone injection of the right shoulder and right elbow. A request was made for post-operative ACL brace for purchase for the right knee and post-operative CPM machine (21 day rental) for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative ACL brace for purchase for the right knee: Overturned

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 Chapter Criteria for the use of knee braces.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Knee brace section.

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 has undergone surgical intervention to include an ACL reconstruction. Therefore, the request for durable medical equipment, knee brace, is medically necessary and appropriate.

Postoperative CPM machine (21 day rental) for the right knee: Overturned

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 Chapter Continuous Passive Motion (CPM).

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

Decision rationale: According to ODG: Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary); (2) Anterior cruciate ligament reconstruction (if inpatient care); (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. (BlueCross BlueShield, 2005) For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. In this case, the request for a CPM for 21 days after ACL reconstruction is within the recommendations per ODG and thus the recommendation is medically necessary.