

Case Number:	CM15-0094347		
Date Assigned:	05/20/2015	Date of Injury:	02/18/2010
Decision Date:	06/24/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/15/2015

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
 Certification(s)/Specialty: Emergency 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 48 year old male, who sustained an industrial injury on February 18, 2010. The injured worker was diagnosed as having left knee osteoarthritis. Treatment to date has included multiple surgeries, physical therapy, X-rays, magnetic resonance imaging (MRI), brace, injections and medication. A progress note dated March 23, 2015 the injured worker complains of left knee pain and difficulty walking. Physical exam notes antalgic gait, severe genu varum alignment with severe varus thrust on ambulation. There is decreased range of motion (ROM) and positive McMurray's sign. X-rays were reviewed. There is a request for knee immobilizer, cold therapy unit and continuous passive motion machine (CPM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of knee immobilizer: 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 & Leg, Immobilization.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee brace.

Decision rationale: The requested Purchase of knee immobilizer is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Table 13-6, page 346 note that knee braces are "Recommended: Short period of immobilization after an acute injury to relieve symptoms"; and Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) , Knee brace note "Knee brace: Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, 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 load." The injured worker has left knee pain and difficulty walking. Physical exam notes antalgic gait, severe genu varum alignment with severe varus thrust on ambulation. There is decreased range of motion (ROM) and positive McMurray's sign. The injured worker is pending a total knee arthroplasty. Short-term post-op immobilization is clinically appropriate and guideline-supported. The criteria noted above having been met, Purchase of knee immobilizer is medically necessary.

Purchase of cold therapy unit: 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, and 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, and Continuous Flow Cryotherapy.

Decision rationale: The requested Purchase of cold therapy unit is not medically necessary. CA MTUS is silent on this issue and Official Disability Guidelines, Knee, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold therapy. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker has left knee pain and difficulty walking. Physical exam notes antalgic gait, severe genu varum alignment with severe varus thrust on ambulation. There is decreased range of motion (ROM) and positive McMurray's sign. The injured worker is pending a total knee arthroplasty. The treating physician did not document the medical necessity for continued use of cold therapy beyond the guideline recommended seven days usage. The criteria noted above not having been met, Purchase of cold therapy unit is not medically necessary.

