

Case Number:	CM14-0143600		
Date Assigned:	09/12/2014	Date of Injury:	10/12/2012
Decision Date:	10/20/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 38 year old male with an injury date of 10/12/12. The 08/14/14 report by [REDACTED] states the patient presents regarding the left knee. Examination reveals +1 effusion and pain with McMurray testing and twisting maneuvers as well as medial joint tenderness. The patient's diagnoses include: 1. recurrent medial meniscus tear, left knee 2. Full-thickness 1 cm chondral defect, medial femoral condyle. The utilization review being challenged is dated 08/29/14. The rationale is that the patient's surgical procedure has not been authorized so the request is not medically necessary. Treatment reports were provided from 03/11/14 to 08/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Hot/Cold Therapy Unit Purchase or 7-Day 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 Treatment Index, 11th Edition (web) 2013, Knee and 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 (ODG) Carpal Tunnel Synchome Section,

Decision rationale: The patient presents with pain in the left knee. The treater requests for 1 Hot/cold Therapy Unit purchase or 7 day rental. The treater notes the patient is a candidate for surgical intervention for the left knee and has requested authorization for arthroscopy, partial medial meniscectomy, and possible micro fracture chondroplasty of the medial femoral condyle. The reports provided do not show this surgical procedure has taken place. MTUS is silent on hot/cold therapy units. ODG guidelines Carpal Tunnel Section discuss Continuous Cold Therapy for post-operative Carpal Tunnel treatment. In this case there is no discussion or documentation of the efficacy or use of this device for the knee. Based on the records provided, presumably it is to be used for post-operative care, however, this is not stated and there is no documentation that the patient is at this time in need of this treatment. The request is not medically necessary.

1 Post-Operative 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 Treatment Index 11th Edition (web) 2013, Knee and Leg Chapter, 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 & Leg section,

Decision rationale: The patient presents with pain in the left knee. The treater requests for 1 post-operative knee brace. ODG guidelines Knee Chapter state that "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 reports provided do not specifically address the type of knee brace the treater is requesting or for how long. There is discussion that the patient is a candidate for surgical intervention for the left knee and that the patient underwent right knee surgery on 04/29/14. In this case, due the lack of discussion and documentation of post-operative status, the request is not medically necessary.