

Case Number:	CM13-0011292		
Date Assigned:	09/19/2013	Date of Injury:	11/28/2007
Decision Date:	01/13/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

This is a 43 year old female claimant who sustained a right knee injury on 11/28/2007. The claimant's mechanism of injury was not provided. The claimant's diagnosis was documented as right knee chondromalacia; right knee synovitis; right knee meniscal tear. There were no diagnostic testing results provided for review. The claimant's conservative care to date was documented as 8 sessions of postoperative therapy and an 8/1/2013 Kenalog injection of the right knee. The claimant was status post 3/28/08 right knee arthroscopy with anterior cruciate ligament reconstruction and 11/20/09 revision right knee arthroscopy; 6/7/2013 right knee arthroscopy (revision); arthroscopic partial medial and lateral meniscectomy; chondroplasty of patellofemoral joint and medial and lateral compartment; extensive 3 compartment synovectomy/debridement, reaction of hypertrophic synovial plica; excision of scar tissue (anterior compartment) and insertion of pain pump (extra-articular). The 8/1/2013 unknown provider office visit note documented that the claimant reported stiffness and pain in her right knee, radiating anteriorly from her right knee to her right shin. She reported difficulties with extension of her right knee. Her range of motion lacks 3 degrees of extension to 115 degrees of flexion. The claimant's manual muscle testing was 3+/5 with knee extension and 4-/5 with knee flexion. The plan was Kenalog injection; ice, anti-inflammatories, elevation of the right leg, activity modifications; physical therapy 2x week/six weeks, Synvisc One injection. The request is for CPM x21 days; soft goods for lower extremity CPM #1; DONJOY Iceman Clearcube #1 x7 days; patient set-up/education/fitting fee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee CPM x 21 days: 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), 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 & Leg Chapter, Continuous passive motion (CPM).

Decision rationale: The patient is a 43-year-old female. There is no indication in the medical records that a CPM in this case is necessary in relationship to the 11/20/09 vocational injury. In reference to the 06/07/13 operative date, it is unclear what benefit a CPM may have for a partial medial and lateral meniscectomy with abrasion chondroplasty. There is no evidence of osteoarticular transplantation, crossover implantation, or pick chondroplasty technique that was employed within the body of the operative report that was available for review. It is for these reasons, the procedure cannot be substantiated or its adjunctive procedures elicited within this request.

Soft goods for lower extremity CPM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the CPM unit is not medically necessary, none of the associated services are medically necessary

DONJOY Iceman clearcube unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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), Knee & Leg Chapter, Ice/heat packs and Continuous-flow cryotherapy.

Decision rationale: The patient is a 43-year-old female. There is no indication in the medical records that continuous-flow cryotherapy in this case is necessary in relationship to the 11/20/09 vocational injury. In reference to the 06/07/13 operative date, it is unclear what benefit continuous-flow cryotherapy may have for a partial medial and lateral meniscectomy with abrasion chondroplasty. There is no evidence of osteoarticular transplantation, crossover implantation, or pick chondroplasty technique that was employed within the body of the

operative report that was available for review. It is for these reasons, the procedure cannot be substantiated or its adjunctive procedures elicited within this request.

Patient set-up/education/fitting fee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the CPM and DONJOY Iceman Units are not medically necessary, none of the associated services are medically necessary