

Case Number:	CM13-0013128		
Date Assigned:	01/03/2014	Date of Injury:	01/07/2009
Decision Date:	05/21/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/13/2013

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 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 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:

This claimant is a 52-year-old gentleman injured January 7, 2009. The records indicate an injury to the left knee. Operative report available for review from August 26, 2013 indicated the claimant was with a diagnosis of left knee internal derangement and that he underwent a surgical procedure in the form of an arthroscopy, synovectomy, chondroplasty, and medial meniscectomy. He tolerated the procedure well. A postoperative assessment from September 3, 2013 with [REDACTED] noted the claimant to be doing well with continued complaints of discomfort with palpation. He had no problems with dorsiflexion or plantar flexion of the foot. There was no erythema or signs of infection. He was prescribed a course of physical therapy and was to follow up in four weeks' time. Appropriate medications were also prescribed. There is a current request in regard to the claimant's postoperative setting to include a 21 day rental of a cryotherapy device, the preoperative use of a complete metabolic panel prior to surgical process, and the use of a postoperative ELS (Extension Lock Splint) brace for the claimant's knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 DAY RENTAL OF POLAR CARE 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 procedure -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 procedure - Continuous-flow cryotherapy

Decision rationale: The MTUS guidelines are silent. When looking at Official Disability Guideline (ODG) criteria, the role of cryotherapy for the knee would not be supported for a 21-day rental. The ODG criteria would only recommend the role of a seven-day rental following knee-related procedures. The specific request at this point in time would not be supported based on the 21-day rental as requested.

PRE-OP CMP LAB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Collaborating Centre for Acute care. Preoperative tests: the use of routine preoperative tests for elective surgery: evidence, methods & guidance. London (UK): National Institute for Clinical Excellence

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure - Preoperative lab testing

Decision rationale: The MTUS guidelines are silent. When looking at Official Disability Guideline (ODG) criteria, the role of preoperative laboratory testing in this case would not have been supported. There is nothing indicating why a complete metabolic panel opposed to a basic metabolic panel would have been indicated for the procedure in question. The specific request in this case would not have been supported.

ELS: 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 (Acute & chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee procedure - Knee brace

Decision rationale: The MTUS guidelines are silent. When looking at Official Disability Guideline (ODG) criteria in regard to knee braces in the postoperative setting, the surgical process in and of itself would not have supported immobilization in the postoperative period. There are no current criteria for usage of bracing following arthroscopic meniscectomy procedures. The specific request in this case would not be supported as medically necessary.