

Case Number:	CM13-0019496		
Date Assigned:	06/06/2014	Date of Injury:	11/02/2012
Decision Date:	07/15/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/03/2013

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 Internal Medicine and is licensed to practice in Texas. 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 injured worker is a 38-year-old male whose date of injury is November 02, 2012. He injured the left knee while serving a search warrant. The injured worker is status post previous left knee arthroscopy in March 2013 with no improvement of his symptoms. He subsequently underwent left knee arthroscopy with partial medial meniscectomy, chondroplasty patellofemoral joint and medial compartment, extensive three-compartment synovectomy/debridement, resection of hypertrophic synovial plica and modified arthroscopic lateral retinacular release on August 09, 2013. Follow up note dated August 20, 2013 indicates that clinically he is doing well.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS PASSIVE MOTION (CPM) RENTAL FOR 21 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer 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).

Decision rationale: Based on the clinical information provided, the request for a continuous passive motion (CPM) rental for 21 days is not medically necessary. The Official Disability

Guidelines (ODG) would support postoperative use for 4-10 consecutive days in the hospital setting and up to 17 days for at-home use for injured workers who are status post total knee arthroplasty, anterior cruciate ligament reconstruction or open reduction and internal fixation. The submitted records fail to establish that the injured worker underwent any of the surgeries for which ODG supports continuous passive motion. Therefore, the request is not medically necessary.

THE PURCHASE OF SOFT GOODS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer 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).

Decision rationale: Based on the clinical information provided, the request for soft goods purchase is not recommended as medically necessary. The Official Disability Guidelines would support postoperative use for 4-10 consecutive days in the hospital setting and up to 17 days for at-home use for injured workers who are status post total knee arthroplasty, anterior cruciate ligament reconstruction or open reduction and internal fixation. The submitted records fail to establish that the injured worker underwent any of the surgeries for which ODG supports continuous passive motion, and therefore the requested soft goods are not medically necessary.

DONJOY ICEMAN CLEARCUB, PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous-flow cryotherapy.

Decision rationale: Based on the clinical information provided, the request for Donjoy Iceman clearcub purchase is not medically necessary. The Official Disability Guidelines support the use of cryotherapy for up to seven days postoperatively but not for nonoperative use. The injured worker underwent left knee arthroscopy nearly one year ago, and there is no clear rationale provided to support the requested unit at this time. Therefore, the request is not medically necessary.

COLDPAD, PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter, Continuous-flow cryotherapy.

Decision rationale: Based on the clinical information provided, the request for cold pad purchase is not medically necessary. There is no clear rationale provided to support the purchase of a cold pad at this time. There is no current, detailed physical examination submitted for review. The injured worker underwent surgical intervention nearly one year ago. Therefore, the request is not medically necessary.

MCGUIRE LOOP, NS, RH; PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous-flow cryotherapy.

Decision rationale: Based on the clinical information provided, the request for McGuire loop NS RH purchase is not medically necessary. The Official Disability Guidelines support the use of cryotherapy for up to 7 days postoperatively, but not for non-operative use. The injured worker underwent left knee arthroscopy nearly one year ago, and there is no clear rationale provided to support the requested unit at this time. Therefore, the request is not medically necessary at this time.

PATIENT SET UP 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: Based on the clinical information provided, the request for patient set up fee is not recommended as medically necessary. The requested durable medical equipment has been determined as not medically necessary, and therefore set up fee is not medically necessary.