

Case Number:	CM13-0041234		
Date Assigned:	12/20/2013	Date of Injury:	09/13/2011
Decision Date:	02/19/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/11/2013

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:

The patient is a 62-year-old female who was injured in a work related accident on 09/13/11. Clinical records for review included a 07/29/13 assessment by [REDACTED] documenting the claimant is status post a prior right knee arthroscopy, but with a documented oblique tear to the medial meniscus on recent MRI. Authorization for surgical intervention in the form of arthroscopy was recommended. At present, there is a current request for the postoperative use of a cryotherapy device for purchase and an interferential stimulator unit for purchase, preoperative laboratory testing, and a pulmonary function test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pulmonary function test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, and 2013 Updates: low back procedure.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, preoperative testing in the form of a pulmonary function test would not be

indicated. The current clinical records do not document why a pulmonary function test would be indicated prior to the arthroscopic procedure in question. There is no documentation regarding the claimant's past medical history or underlying documentation of comorbidities that would support the role of this test. The specific request would not be recommended.

1 laboratory test (complete blood count, prothrombin time, partial thromboplastin and chemistry 12): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, and 2013 Updates: low back chapter: Preoperative lab testing.

Decision rationale: Based on Official Disability Guidelines criteria, as California MTUS Guidelines are silent, preoperative laboratory testing would appear warranted. The role of laboratory testing prior to surgery in this over 60-year-old individual undergoing a surgical arthroscopy would appear to be medically warranted at present. .

Interferential current (IFC) unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: Based on California MTUS Guidelines, interferential unit in the postoperative setting would not be indicated. The MTUS Guidelines fail to recommend the role of interferential stimulation in the acute postoperative setting, nor does it recommend it as an isolated form of treatment intervention. This specific request for the above device and its role following knee arthroscopy procedure would not be recommended.

Micro cool unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, and 2013 Updates: knee procedure - Continuous-flow cryotherapy.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, cryotherapy device for the knee in the postoperative setting for purchase would not be supported. ODG Guidelines would support the role of the above device

for up to a seven day rental in the immediate postoperative setting. The purchase of the above device, however, would not be deemed necessary.