

Case Number:	CM13-0041251		
Date Assigned:	03/24/2014	Date of Injury:	09/13/2011
Decision Date:	07/09/2014	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 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 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 62-year-old male who reported an injury on 09/13/2011. The mechanism of injury was not provided within the medical records. His diagnoses were right medial meniscus tear; possible lateral meniscus tear; and chondromalacia of patella. His previous treatments were noted to be a right knee MRI on 11/16/2012, which showed an oblique tear in the posterior horn of the medial meniscus. On 02/08/2012, the injured worker underwent right knee surgery and postoperative therapy. The injured worker had a followup evaluation on 09/09/2013. The injured worker complained of continued problems with his right knee, including pain at rest and intermittent swelling with increased walking or frequent stair climbing. The injured worker reported that he used Norco for symptoms of pain. The physical examination of the right knee revealed reasonably good quadriceps strength, no marked effusion or swelling, restricted extension, no grating or crepitation. There was tenderness over the posterior horn of the medial meniscus, as well as over the medial and lateral facets of the patella. Patellar compression caused accentuated pain. The recommendation is for arthroscopic right knee surgery and postoperative home exercise kit, postoperative knee brace, deep vein thrombosis compression pump and stockings, and postoperative physical therapy. An examination on 11/07/2013 indicated the injured worker's symptoms were unchanged. The treatment plan was to refill Norco. In addition, the injured worker was to return to work with restrictions and followup in 6 more weeks. The provider's rationale for the requested services was for postoperative care following right knee arthroscopy. The Request for Authorization of medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 POST OPERATIVE KNEE BRACE (PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340-346.

Decision rationale: The request for 1 postoperative knee brace purchase is non-certified. The California American College of Occupational and Environmental Medicine state prolonged bracing is not recommended. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Within the provided documentation there is no indication that the injured worker underwent recent surgery to the right knee or that it was approved and scheduled. The request for a postoperative knee brace purchase is non-certified.

2 WEEKS RENTAL OF DV COMPRESSION PUMP AND STOCKINGS: Upheld

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

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, Compression garments and Lymphedema pumps.

Decision rationale: The request for 2 weeks' rental of a DV compression pump and stockings is non-certified. The Official Disability Guidelines recommend home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. Within the provided documentation there is no indication that the injured worker has lymphedema or lab values to indicate a risk of deep vein thrombosis. The documents do not indicate that the injured worker underwent recent surgery to the right knee or that the surgery has been approved and scheduled. In addition, the injured worker did not have any supportive clinical documentation to meet the criteria for the compression pump. The request fails to indicate what the unit is to be used for and where as well as the duration of the therapy. Therefore, the request for 2 weeks' rental of a DV compression pump and stockings is non-certified.

1 HOME EXERCISE KIT (PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS 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 (ODG) Knee and Leg, Home exercise kits.

Decision rationale: The request for 1 home exercise kit purchase is non-certified. The Official Disability Guidelines recommend home exercise as an option. The documentation provided indicates that the home exercise kit is to be used after right knee arthroscopy. Within the provided documentation there is no indication that the injured worker underwent recent surgery to the right knee or that an approved surgery is scheduled. In addition, the request fails to indicate the kit components. Therefore, the need for the 1 home exercise kit purchase is non-certified.

12 POST OPERATIVE PHYSIOTHERAPY FOR THE RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for 12 postoperative physiotherapy sessions for the right knee is non-certified. The CA MTUS Post-Surgical Treatment Guidelines indicate 12 visits over 12 weeks. Postsurgical physical medicine treatment period is noted to be 6 months. The documentation provided does not indicate a recent knee surgery or an approved scheduled surgery. The most recent clinical note does not have an adequate assessment of range of motion values, functional limitations or pain. Therefore, 12 postoperative physiotherapy sessions for the right knee are non-certified.