

Case Number:	CM13-0060368		
Date Assigned:	12/30/2013	Date of Injury:	12/01/2005
Decision Date:	08/06/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/03/2013

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 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:

The claimant is 38-year-old gentleman who sustained an injury to the right knee and ankle on December 1, 2005. The records provided for review include a progress report of November 5, 2013 noting continued complaints of pain in the ankle and knee with weight bearing. Specific to the claimant's right knee, the diagnosis was internal derangement and cartilage damage. The report documented that the claimant was scheduled to undergo an ACI procedure on November 22, 2013. There are current perioperative requests to include the perioperative use of Keflex, a Game Ready Cryotherapy device, a continuous passive motion machine, eighteen sessions of physical therapy, and use of a bone stimulator. An operative dated November 22, 2013, documented that the surgery performed was to the ankle as a right posterior tibial tendon tenolysis. There was no documentation that surgery to the knee was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EXOIGEN BONE STIMULATOR: 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) Treatment in

Worker's Comp, 18th Edition, 2013 Updates: knee procedure Bone growth stimulators, electrical.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. When looking at Official Disability Guidelines, the use of a bone growth stimulator for the knee would not be indicated. Currently records do not indicate the claimant has undergone a knee procedure in the form of an ACI procedure. The claimant's November 2013 surgical process was for the ankle in the form of a tendon tenolysis. The use of a bone growth stimulator would not be supported.

18 SESSIONS OF POST-OPERATIVE PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would not support eighteen sessions of formal physical therapy. The request in this case was for postsurgical treatment of the knee. Records do not indicate knee surgical process has occurred. This would negate the need for postoperative physical therapy at this time.

1 CONTINUOUS PASSIVE MOTION MACHINE: 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure -Continuous passive motion (CPM).

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines would not support the role of a continuous passive motion machine as operative intervention to the knee has not taken place nor has a duration or frequency of use for this device been documented.

1 GAME READY CRYO UNIT: 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure -Game Ready accelerated recovery system.

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. When looking at Official Disability Guideline criteria, a Game Ready device also would not be indicated. While this device could be utilized for up to seven days including home use following surgical process, there is no indication of a timeframe for its use or an indication that a knee surgical process has occurred. The request would is not medically necessary.

1 PRESCRIPTION OF KEFLEX 500 MG # 28: 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: infectious procedure - Cephalexin (Keflex®).

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. Official Disability Guideline criteria would not support a one week prescription of Keflex. The use of this agent was for postoperative purposes. The role of operative intervention has not been documented.