

<b>Case Number:</b>	CM13-0068558		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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, has a subspecialty 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 26 year old claimant has a date of injury of March 18, 2013. She has been treated for a right knee injury and underwent meniscectomy surgery in July 2013. Postoperatively, the claimant continues to have issues related to a loss of knee motion and at the October 25, 2013 office visit due to knee stiffness a request was put forth for manipulation of the knee under anesthesia. The surgery was certified, a continuous passive motion rental and micro cool and laboratory studies was denied in a review on December 4, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONTINUOUS PASSIVE MOTION RENTAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines 11th Edition, Knee and Leg, 2013.

**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; 2-13 Updates: Chapter Knee and Leg: Continuous Passive Motion Machine.

**Decision rationale:** A continuous passive motion rental would not be considered medically necessary based on the records in this case and the Official Disability Guidelines. The CA MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines support the use of a CPM only following total knee arthroplasties, anterior cruciate ligament reconstruction and open reduction internal fixation of tibial plateau or distal femur fractures. In this case the claimant is status post a previous meniscectomy and has had issues related to knee stiffness. Therefore therapy should be adequate following manipulation and the use of a CPM is not supported by the Official Disability Guidelines.

**MICRO COOL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines 11th Edition, Web, Knee and Leg, 2013.

**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; 2-13 Updates: Chapter Knee and Leg; Continuous-flow Cryotherapy unit.

**Decision rationale:** A micro cool would not be considered medically necessary based on the medical records provided in this case and the Official Disability Guidelines. The CA MTUS and ACOEM Guidelines do not address this issue. The Official Disability Guidelines support a seven day rental of a continuous flow cold unit. There is documentation that the claimant has already had a continuous flow cold unit. As a new continuous flow cold unit has been requested for the above reasons and based on the Official Disability Guidelines a micro cool unit cannot be certified.

**MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, 11th Edition, 2013, Post Operative Medical Evaluation/Clearance.

**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, chapter low back: Pre-op testing.

**Decision rationale:** The CA MTUS and ACOEM Guidelines do not address this topic. Medical clearance in the form of updated laboratory studies would not be considered medically necessary based on the records in this case and the Official Disability Guidelines. The Official Disability Guidelines support pre-operative lab testing based on the claimant's clinical history, comorbidities and physical examination findings. In this case the claimant underwent surgery only three months prior and is a young healthy person with no significant medical problems. Typically bloodwork is good for six months, prior to any procedure. The medical clearance in the form of updated laboratory studies would not be considered medically necessary based on the records provided in this case and the Official Disability Guidelines.

