

Case Number:	CM14-0004237		
Date Assigned:	02/05/2014	Date of Injury:	09/24/2011
Decision Date:	07/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 Orthopaedic 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 patient is a 23-year-old male who was injured on 9/24/2011, he sustained a deep laceration of the left thigh, and underwent surgical repair. His injuries involve the left thigh, left knee and psych. An MRI of the left knee with arthrogram performed on 7/17/2013 showed Grade 2 degeneration in the body and posterior horn medial meniscus; small subchondral cyst in the lateral tibial condyle; and Wiberg type 2 patella showing lateral subluxation. The patient underwent a Qualified Medical Examination on 9/24/2013. Diagnoses included the following: Large laceration wound of left thigh of 24cm with disfigurement, transection of lateral femoral cutaneous nerve but spared femoral nerve; strain of low back, left knee and right ankle; and severe depression. He is allowed to return to work and capable to return to work with modifications, provided he is psychologically stable per his psychiatrist. The patient requires active psychiatric help with psychotherapy. A plastic and reconstructive surgery evaluation is needed for the disfigurement of the left thigh. His low back, left knee and right angle complaints are minimal and periodic orthopedic evaluation and maintenance of exercises will be sufficient. Aggressive chiropractic treatment is not required.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE SURGERY INTERNAL MED-EVALUATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

Decision rationale: According to the Official Disability Guidelines, preoperative testing is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The patient is a 23 year old, otherwise healthy male, recommended to undergo arthroscopic manipulation under anesthesia (MUA)/lysis of adhesions. The medical records do not establish the patient has clinically significant medical history that establishes the medical necessity for an internal medicine consult for pre-operative clearance.

CRUTCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: According to the Official Disability Guidelines, walking aids are generally recommended. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The patient had sustained a crush injury to his left thigh/knee which was immediately followed by surgical intervention. Given the patient's past medical history, he has already received crutches in the past. There is no medical justification indicating that the patient needs another set of crutches to assist in ambulation following knee surgery. Therefore this request is not medically necessary.

HOT/COLD CONTRAST UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Cold/heat packs; Continuous-flow cryotherapy.

Decision rationale: According to the Official Disability Guidelines, continuous cryotherapy device is recommended as an option after surgery, but not for nonsurgical treatment. Per the guidelines, rental of a cold therapy unit for up to 7 days may be recommended for the post-operative knee. The requested device is not supported by the evidence-based guidelines. The references state mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. Simple at home applications of heat and cold are

thought to suffice for delivery of heat or cold therapy. Therefore this request is not medically necessary.