

Case Number:	CM14-0009895		
Date Assigned:	02/21/2014	Date of Injury:	08/22/2011
Decision Date:	08/15/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 has chronic right knee pain. Physical examination shows antalgic gait. There is medial joint line tenderness. McMurray's test is positive. There is crepitus over the patellofemoral joint. Patient's diagnoses right knee internal derangement and chondromalacia. There is also concern for a meniscal tear. Recommendations for treatment his right knee arthroscopy. At issue is whether postoperative medical treatment devices are medically necessary after knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS PASSIVE MOTION MACHINE (CPM) RENTAL X 14 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FOR KNEE AND LEG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), knee pain chapter.

Decision rationale: Guidelines to not support the use of continuous passive motion device after routine arthroscopic knee surgery. Literature does not demonstrate improved functional

outcomes with the use of CPM after routine arthroscopic knee surgery. Guidelines do not support the use of CPM after routine arthroscopic knee surgery. The patient does not have instability. There's a question of meniscal tear. CPM has not been demonstrated to improve outcomes after meniscal surgery. ODG guidelines indicate that CPM is used for patients with status post knee arthroplasty or anterior cruciate reconstruction. Therefore, the request for continuous passive motion machine (CPM) rental x 14 days is not medically necessary and appropriate.

DEEP VEIN THROMBOSIS PROPHYLAXIS PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FOR THE KNEE AND LEG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), knee pain chapter.

Decision rationale: Knee arthroscopic surgery is considered low risk for deep venous thrombosis. This patient does not have additional risks factors for deep venous thrombosis. There is no indication the patient cannot sit in the chair postoperatively. There is no indication the patient can be mobilized postoperatively. The surgery is considered low risk for deep venous thrombosis. Deep venous thrombosis prophylaxis is not recommended for this type of routine arthroscopic surgery as per guidelines. Therefore, the request for deep vein thrombosis prophylaxis purchase is not medically necessary and appropriate.

ELECTROTHERAPY PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Transcutaneous Electrotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), knee pain chapter.

Decision rationale: Guidelines do not support the use of electrotherapy after routine arthroscopic knee surgery. Medical literature does not demonstrate improved outcomes with the use of this technique after routine arthroscopic knee surgery. Therefore, the request for electrotherapy purchase is not medically necessary and appropriate.