

Case Number:	CM14-0108481		
Date Assigned:	08/01/2014	Date of Injury:	12/18/2012
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/13/2014

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 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 is a 53-year-old female who sustained a vocational injury on 12/18/12. The Utilization Review Determination certified a right knee arthroscopy with debridement, chondroplasty, and lateral release. The current request is for a postop cold therapy unit for the right knee times six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Cold Therapy Unit, right knee times six (6) weeks: 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) Knee Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 13 Knee Complaints and on the Non-MTUS Official Disability Guidelines (ODG); Knee and leg chapter.

Decision rationale: California ACOEM Guidelines recommend the use of cold packs for pain control. The Official Disability Guidelines support continuous flow cryotherapy following surgical intervention in the knee for up to seven days including home use. The current request

for a postop cold therapy unit times six weeks far exceeds the recommended guidelines and subsequently cannot be considered medically necessary.

Ambien 10mg #30: 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) Knee Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG); Pain chapter.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this medication. The Official Disability Guidelines suggest that Ambien may increase pain and depression over the long term and subsequently should be used on a very short term basis. There is no documentation suggesting that the claimant has ongoing or active insomnia. Therefore, the medical records do not include documentation to indicate why the claimant needs Ambien and the medical necessity has not been established for the prescription for Ambien and subsequently cannot be considered medically necessary.

Chiropractic manipulation post-op two (2) times six (6) weeks, right knee: 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) Knee Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: In regards to the request for chiropractic manipulation times 12 visits to the right knee, California Chronic Pain Medical Treatment Guidelines do not support chiropractic therapy for knee pathology or treatment. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines the request for chiropractic manipulation times 12 visits to the right knee cannot be considered medically necessary.

Postoperative Durable Medical Equipment (DME)-sling: 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) Knee Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints, page 205 and on the Non-MTUS Official Disability Guidelines (ODG); Shoulder chapter.

Decision rationale: Based on the California ACOEM and Official Disability Guidelines the request for a sling is not recommended as medically necessary. There is no documentation suggesting the claimant has any upper extremity complaints, injuries, or recent surgery. Currently immobilization is not recommended as a primary treatment for upper extremity injuries. The medical necessity and rationale for the request for the sling has not been established and subsequently based on ACOEM and Official Disability Guidelines cannot be considered medically necessary.

Postoperative Durable Medical Equipment (DME)-brace: 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) Knee Guidelines.

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

Decision rationale: Based on the California ACOEM Guidelines, the request for a brace is not recommended as medically necessary. There is no documentation of instability of the knee and the surgery will not create any instability to require bracing.

Postoperative Durable Medical Equipment (DME)-boot: 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) Knee Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Ankle and Foot Chapter; Immobilization.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for a boot is not recommended as medically necessary. ODG Guidelines only recommend immobilization for an unstable joint. There is no documentation that the claimant's foot or ankle is unstable or that treatment is being rendered to the foot or ankle. The medical necessity and rationale for the request for the boot has not been established and subsequently based on Official Disability Guidelines cannot be considered medically necessary.