

Case Number:	CM14-0019474		
Date Assigned:	06/11/2014	Date of Injury:	05/24/2001
Decision Date:	07/24/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 injured worker is a 57-year-old male who reported an injury on 05/24/2001 caused by an unknown mechanism. On 01/20/2014 the injured worker had a follow-up evaluation for multiple orthopedic issues. He complained of sciatic pain in his bilateral lower extremities, more so on left than right. It was noted the injured worker had evidence of carpal tunnel syndrome, in his right thumb at the carpal metacarpal joint. It was noted that the injured worker continues to have bilateral knee pain with evidence of swelling and effusion with tenderness at the medial joint line, medial aspect and the patellofemoral joint. It was noted that the injured worker's left knee was extensively painful, compared to the right; and had active effusion at the calf, and thigh compartments were soft. It was stated that the injured worker would like to proceed with left knee surgery. The diagnoses included osteoarthritis and chondromalacia. The plan is for to scope and debridement chondral meniscal surgery for the left knee. There was no date given for the left knee surgery or a list of medications for the injured worker. The treatment plan included for a decision for Durable Medical Equipment MI. The request for authorization was submitted on 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT MI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345, Postsurgical Treatment Guidelines. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG), 12th Edition (web), 2014, Knee & Leg-Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines (ODG) recommends that durable medical equipment is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. On 01/20/2014 it was noted the injured worker had evidence of carpal tunnel syndrome in his right thumb at the carpal metacarpal joint. It was noted that the injured worker continues to have bilateral knee pain with evidence of swelling and effusion with tenderness at the medial joint line, medial aspect and the patellofemoral joint. The plan is to scope and perform debridement chondral meniscal surgery for the left knee. There was no date given for the left knee surgery or a list of medications for the injured worker. The request that was provided did not state the specific durable medical equipment that was needed for the injured worker. In addition, it did not provide any upcoming future date for surgery for the injured worker's left knee. As such, the request is not medically necessary and appropriate.