

Case Number:	CM14-0139687		
Date Assigned:	09/05/2014	Date of Injury:	02/02/2010
Decision Date:	11/12/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/28/2014

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 Mississippi. 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 records presented for review indicate that this 34-year-old gentleman was reportedly injured on February 2, 2010. The mechanism of injury is noted as being hit by a bull in the back when taking cows out of a corral. The most recent progress note, dated July 30, 2014, indicates that there are ongoing complaints of left knee pain with popping and clicking. The physical examination demonstrated an antalgic gait favoring the left lower extremity and tenderness at the lateral joint line of the left knee. Range of motion was from 0 to 100. Diagnostic imaging studies of the left knee dated August 19, 2013, revealed a horizontal tear at the anterior horn of the lateral meniscus with extension to the superior surface. There were also minimal osteophytes consistent with early osteoarthritis. Previous treatment includes a left knee arthroscopy, physical therapy, acupuncture, and injections. A request had been made for postoperative use of a V-pulsed unit for purchase and six weeks use of a continuous passive motion (CPM) machine and was not certified in the pre-authorization process on August 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op V-pulse unit 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), Knee & Leg Chapter (updated 02/15/12)

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, Durable Medical Equipment, Updated October 7, 2014.

Decision rationale: This is a request for a post-operative V-pulse unit purchase. As referenced above, the partial meniscectomy surgery was completed on September 4, 2014. Per the cited guidelines, cold compression type of therapy is indicated only in the immediate (7 day) postoperative period. Noting that the request is for a purchase and for indefinite duration of use, the request is not medically necessary.

Post-op CMP machine for 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 Chapter

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, Continuous Passive Motion, Updated October 7, 2014.

Decision rationale: This is a request for a post-op CPM machine for 6 weeks. The records reflect that a partial meniscectomy surgery was completed on September 4, 2014. As outlined in the ODG (MTUS and ACOEM do not address) continuous passive motion devices are indicated after total arthroplasty but not after an arthroscopic partial meniscectomy. The surgery completed on September 04, 2014 was a partial meniscectomy. Considering this, the request for a CPM unit for six weeks usage is not medically necessary and not in accordance with guideline recommendations.