

Case Number:	CM14-0021417		
Date Assigned:	05/07/2014	Date of Injury:	05/16/2012
Decision Date:	07/09/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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, has a subspecialty in Shoulder and Elbow 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:

The injured worker is a 50-year-old male who reported an injury on 05/16/2012, the mechanism of injury was not provided. The clinical note dated 12/04/2013 noted physical exam findings of a slightly antalgic gait favoring the right lower extremity, ability to extend against gravity, range of motion values of 0 to 125 degrees, pain over the lateral joint line to pressure, positive McMurray's, soft calf, good distal pulses, and capillary refill. The diagnoses were meniscal tear symptomatic with chondromalacia of the lateral compartment. The injured worker is status post knee surgery as of 02/03/2014. The provider recommended a cold therapy unit, sterile wrap for postoperative right knee, and a sterile pad for postoperative right knee. The Request for Authorization form and the provider's rationale was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT(DME): COLD THERAPY UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous-flow cryotherapy.

Decision rationale: The request for durable medical equipment (DME) cold therapy unit is not medically necessary. The Official Disability Guidelines recommend cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been to reduce pain, swelling, inflammation, and narcotic usage; however, the effect on more frequently treated acute injuries has not been fully evaluated. The injured worker is status post knee surgery as of 02/03/2014. The guidelines recommend the use of cryotherapy for up to 7 days postoperative. The request for the cold therapy unit exceeds the guideline recommendations. The provider did not specify if the request was for a rental or purchase of the unit. As such, the request is not medically necessary.

DURABLE MEDICAL EQUIPMENT(DME): STERILE WRAP FOR POST OPERATIVE(POST OP) RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Wound Dressings.

Decision rationale: The request for durable medical equipment (DME) sterile wrap for postoperative (post-op) right knee is not medically necessary. The Official Disability Guidelines state that there is no evidence to support claims that specific dressings are most appropriate for selected indications, such as care of infected wounds or prevention of infection. The medical documents lack evidence of a current postoperative wound that would facilitate the need for a wrap of the right knee. As such, the request is not medically necessary.

DURABLE MEDICAL EQUIPMENT(DME): STERILE PAD FOR POST OPERATIVE(POST OP) RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Wound Dressing.

Decision rationale: The request for durable medical equipment (DME) sterile pad for postoperative (post-osteophyte) right knee is not medically necessary. The Official Disability Guidelines state that there is no evidence to support claims that specific dressings are most appropriate for selected indications, such as care of infected wounds or prevention of infection. The medical documents lack evidence of a current postoperative wound that would facilitate the need for a pad for the right knee. As such, the request is not medically necessary.