

Case Number:	CM14-0030361		
Date Assigned:	06/20/2014	Date of Injury:	10/23/2003
Decision Date:	08/13/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 10/23/2003. She is being treated for pain in the lower leg with plans for arthroscopic surgery for right knee patellar chondromalacia. This request is for 18 sessions of post-operative physical therapy, a 14 day rental of Gameready cryotherapy unit, and Phenergan 25 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy (18 sessions): 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).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California MTUS post-surgical treatment guidelines for physical therapy allow for 12 visits over 12 weeks after surgery for chondromalacia patella. As such, the request for 18 visits does not meet the guideline criteria of 12 visits. Therefore, the requested 18 sessions of post-operative physical therapy are not medically necessary or appropriate.

Game ready cryotherapy unit (14 day rental): 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).

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, Game Ready cryotherapy.

Decision rationale: The Official Disability Guidelines address the use of continuous flow cryotherapy after knee surgery and indicate that it may be useful in this setting for up to 7 days, including home use. As such, the request for a 14 day rental of the Game ready cryotherpay unit does not meet the guideline criteria. Therefore, the requested 14 day rental of the Game ready cryotherapy unit is not medically necessary or appropriate.

Phenergan 25mg #30: Overturned

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 Lexicomp, Percocet and Phenergan.

Decision rationale: The California MTUS Guidelines and the Official Disability Guidelines do not directly address the use of phenergan in the acute post-operative period. Lexicomp does describe nausea as a common side effect of Percocet and a short course of phenergan is medically reasonable to manage the side effects of post-opertaive pain medication. Therefore, the requested phenergan is medically necessary and appropriate.