

Case Number:	CM14-0031034		
Date Assigned:	06/20/2014	Date of Injury:	01/27/2012
Decision Date:	08/04/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopaedic 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 54-year-old male sustained an industrial injury on 1/27/12. The mechanism of injury was not documented. The patient underwent right knee arthroscopic synovectomy and partial medial and lateral meniscectomy on 4/16/13. History was positive for deep vein thrombosis and pulmonary emboli during the post-operative course. On-going Coumadin therapy was documented. Post-operative physical therapy was discontinued after 6 visits due to an absence of functional improvement. The 9/27/13 right knee MRI impression documented chronic medial meniscus tear, degenerative arthritis in the form of reduced joint space and chondromalacia, and small joint effusion. The 1/30/14 treating physician report cited severe right knee pain and swelling. Physical exam documented positive McMurray's, medial joint pain with effusion, and positive patellofemoral crepitus consistent with imaging findings. The treatment plan recommended arthroscopy right knee surgery. A TENS/EMS unit was provided. On-going medications included Motrin, Coumadin and Norco. The 2/17/14 utilization review certified the request for right knee arthroscopic surgery. The request for one TENS/EMS unit was non-certified based on a failure to meet guideline diagnostic criteria and no current indication based on pending surgery. The request for an unknown prescription of Coumadin was non-certified as the patient had been certified for a 5-month prescription on 12/16/13. The medical necessity of an additional prescription was not supported beyond the prior certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 TENS/EMS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The California MTUS guidelines recommend TENS use as a treatment option for acute post-operative pain in the first 30 days after surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Additionally, a combination EMS unit has been recommended. There is no indication as to what specific electrotherapy is being requested. There is no to limited support for other electrical stimulation modalities. Guidelines state that the proposed necessity of the unit should be documented. Guidelines have not been met. There is no documentation of the proposed need for this unit. There is no clear documentation of what electrotherapy is being prescribed or the indications. Therefore, this request for one TENS/EMS unit is not medically necessary.

Prospective request for unknown prescription of Coumadin: 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) Knee and Leg, Venous thrombosis.

Decision rationale: The Official Disability Guidelines support anticoagulant therapy as prophylaxis for prevent of deep vein thrombosis. Guideline criteria have been met for the use of Coumadin. The patient has a history of DVT. The 2/17/14 utilization review non-certified the request for an unknown prescription of Coumadin based on a prior certification of a 5-month supply on 12/16/13. The medical necessity of an additional prescription of Coumadin beyond the prior certification is not established. Therefore, this request for an unknown prescription of Coumadin is not medically necessary.