

Case Number:	CM14-0041673		
Date Assigned:	06/30/2014	Date of Injury:	10/15/2013
Decision Date:	08/19/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine & Rehabilitation 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 patient is a 44-year-old male who has submitted a claim for right knee medial meniscal tear status post meniscectomy and chondroplasty associated with an industrial injury date of 10/15/2013. Medical records from 2013 to 2014 were reviewed. The patient reported improvement in symptoms status post right knee arthroscopy with partial medial and lateral meniscectomy on 01/23/2014. Physical examination of the right knee showed well-healed incisions at the anterior area, minimal swelling, and range of motion from 0 to 120 degrees. An MRI of the right knee, dated 12/03/2013, demonstrated multi-partite flap tear of the medial meniscus including a radial component at the root attachment. Treatment to date has included right knee arthroscopy with partial medial and lateral meniscectomy on 01/23/2014, physical therapy, and medications. Utilization review from 03/24/2014 denied the request for knee continuous passive motion (CPM) because the guideline does not recommend its use post-knee arthroscopy; and denied the Donjoy Iceman Unit with pad, McGuire Loop, and NS/RS because there was no evidence of instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro review for knee CPM with soft goods: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- knee and leg 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 Chapter, Continuous Passive Motion (CPM).

Decision rationale: ODG states that CPM is indicated in the postoperative use for 4 - 10 consecutive days following total knee arthroplasty in the acute hospital setting. For home use, up to 17 days after surgery is recommended while patients are at risk of a stiff knee, immobility, or inability to bear weight. In this case, the patient underwent right knee arthroscopy with partial medial and lateral meniscectomy on 01/23/2014. The use of CPM post-operatively is guideline recommended; however, the request failed to specify the duration of intended use. The request is incomplete; and is therefore not medically necessary.

Donjoy Iceman Unit with pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. 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 Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: Aetna considers the use of the Hot/Ice Machine and similar devices, experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and failed to show that it offers any benefit over standard cryotherapy with ice bags/packs. In this case, the patient underwent right knee arthroscopy with partial medial and lateral meniscectomy on 01/23/2014. The cold therapy pad was requested for use post-operatively. However, there is no discussion as to why this is being prescribed instead of standard passive cold packs. Active cold therapy units are not recommended. The guideline considers the device experimental and investigational for reducing pain and swelling after injury, and is therefore not medically necessary.

McGuire Loop: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for Donjoy Iceman Unit with pad has been deemed not medically necessary; therefore, all of the associated services, such as this request for McGuire loop is likewise not medically necessary.

NS and RS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for Donjoy Iceman Unit with pad has been deemed not medically necessary; therefore, all of the associated services, such as this request for NS and RS is likewise not medically necessary.