

Case Number:	CM14-0042317		
Date Assigned:	06/30/2014	Date of Injury:	01/06/2013
Decision Date:	08/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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 California and Utah. 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 37-year-old female who reported an injury on 01/06/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to the right knee. The injured worker was evaluated on 11/19/2013. Physical findings included positive lateral joint line tenderness in the right with a positive lateral McMurray's test and range of motion described as 0 degrees to 130 degrees with effusion. The injured worker's diagnoses included right knee lateral meniscal tear and left shoulder tendinitis. The injured worker's treatment plan included right knee arthroscopic surgery with lateral meniscectomy. A request for postsurgical care; however, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold pneumatic compressive therapy unit for 21-30 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Knee Complaints (ACOEM Practice Guidelines, 2nd Edition (2008), pgs. 1015-1017, Section Initial care, and Official Disability Guidelines (ODG), Knee & Leg (updated 1/20/2014), Continuous flow cryotherapy.

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 Flow Cryotherapy.

Decision rationale: The requested cold pneumatic compression unit rental for 21 to 30 days is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines (ODG) recommends continuous flow cryotherapy for patients who have had surgery for the knee for up to seven days to assist with managing post surgical pain. The clinical documentation does indicate that the injured worker's treatment plan includes surgical intervention. However, there is no documentation that this surgery has been scheduled or authorized. Additionally, the request exceeds the seven day rental recommendation made by the ODG. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested cold pneumatic compression therapy unit rental for 21 to 30 days is not medically necessary or appropriate.

Deep vein thrombosis (DVT) prophylaxis for rental 21-30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (DOG), Knee & Leg (updated 01/20/2014), Venous thrombosis.

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, Deep Vein Thrombosis.

Decision rationale: The requested deep vein thrombosis prophylaxis for 21 to 30 days is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines (ODG) recommends deep vein thrombosis prophylaxis for patients who are at risk for developing deep vein thrombosis secondary to periods of immobilization following surgical intervention. The clinical documentation submitted for review does indicate that the injured worker's treatment plan includes surgical intervention. However, there is no documentation that the surgery has been authorized or has been scheduled. Additionally, there is no documentation that the injured worker is at risk for developing deep vein thrombosis following surgical intervention. As such, the requested deep vein thrombosis prophylaxis for 21 to 30 days is not medically necessary or appropriate.

Continuous passive motion (CPM) therapy rental 21-30 days: 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 (updated 01/20/2014), Continuous passive motion.

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.

Decision rationale: The requested continuous passive motion therapy rental for 21 to 30 days is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines (ODG) does recommend continuous passive motion therapy for home use up to 17 days after surgery for patients who are at risk for a stiff knee due to the inability to bear weight. The clinical documentation submitted for review does not provide any evidence that the injured worker is going to be unable to bear weight post surgically. Additionally, although it is part of the injured worker's treatment plan there is no documentation that the surgical intervention has been authorized or scheduled. Furthermore, the request exceeds the 17 day recommendation made by the ODG. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested continuous passive motion (CPM) therapy rental for 21 to 30 days is not medically necessary or appropriate.