MAXIMUS Federal Services

Case Number:	CM14-0047070		
Date Assigned:	07/02/2014	Date of Injury:	07/22/2013
Decision Date:	08/20/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 41-year-old male was reportedly injured on July 22, 2013. The mechanism of injury was noted as a lifting and twisting type event. The most recent progress note, dated April 30, 2014, indicated that there were ongoing complaints. The physical examination demonstrated medial joint line tenderness, positive McMurray sign. Strength was 4/5. Diagnostic imaging studies objectified a left knee medial meniscus tear and a partial tear of the anterior cruciate ligament. It was determined that the injured employee was permanent stationary. Previous treatment included knee arthroscopy. A request had been made for durable medical equipment and was not certified in the pre-authorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM MACHINE X 30 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: When considering the date of injury, the mechanism of injury, the arthroscopic surgery completed for the partial meniscectomy, there was no clinical indication

presented for a continuous passive motion (CPM) device. As outlined in the ACOEM guidelines, this type of intervention is after arthroplasty and not routine arthroscopy. This is not medically necessary.

DVT/MAX/PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 162-177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: Prophylactics for deep vein thrombosis is clinically indicated after the surgery. However, the center is to treat this with oral medications, and there was no clinical indication for a purchase of a device. Therefore, based on the clinical information presented for review, this is not medically necessary.

MOTOROZIED COLD THERAPY UNIT:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, 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 chapter, updated June 2014.

Decision rationale: As outlined in the ODG (MTUS/ACOEM do not address), such a device is recommended after the surgery. Up to 7 days can be supported. There was no clinical indication for purchase of this device. Therefore, there is no medical necessity to purchase this device.

HOME HEALTH ASSISTANCE WITH DAILY LIVING ACTIVITIES 8 HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Home Health Services Page(s): 51 of 127.

Decision rationale: When noting the injury sustained, the surgical treatment rendered, and that the injured employee was able to ambulate daily with crutches, there was no clinical indication for 8 hours a day of medical treatment. As noted in the MTUS guidelines, home health care does not include homemaker services, personal care or other interventions. There is no medical necessity.

COMBO-STIM ELECTROTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, INTERFERENTIAL UNIT, NEUROMUSCULAR STIMULATOR.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 113-116 of 127.

Decision rationale: When noting the date of injury, the injury sustained and the surgical intervention, there was no clinical indication presented for political stimulation postoperative to a medial meniscectomy. This is not medically necessary.