

Case Number:	CM14-0048994		
Date Assigned:	09/12/2014	Date of Injury:	04/30/2013
Decision Date:	10/22/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 24 year old male whose date of injury is April 30, 2013 when he was lifting a heavy tent with several co-workers and the arch started slipping and the other workers leg go and the tent fell on his left lower extremity. He was diagnosed with left knee sprain/strain with tibial plateau fracture, left ankle strain, and low back strain. The injured worker was treated conservatively with medications; physical therapy; manipulation; hot packs; knee brace; crutches; cortisone injection left knee. MRI arthrogram on February 3, 2014 revealed scarring and attenuation with posterior bowing of mid to proximal anterior cruciate ligament, which may be from tear and residual scarring; attenuation and oblique tear and possible small flap tear of medial meniscus posterior horn; attenuation and small oblique longitudinal tearing an possible flap tear or fragmented bucket handle of lateral meniscus anterior and posterior horns. Medical report dated March 10, 2014 notes the injured worker having continued left knee pain and instability. On examination of the left knee, positive Lachman's was noted. The injured worker underwent left knee arthroscopy with autograft ACL reconstruction, partial medial and partial lateral meniscectomies on April 02, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Continuous-flow cryotherapy

Decision rationale: The injured worker is status post left knee arthroscopy with autograft ACL reconstruction, partial medial and partial lateral meniscectomies on 04/02/14. Post-operative DME was requested including purchase of cold therapy unit. Per ODG, continuous flow cryotherapy is recommended as an option after surgery, and generally may be up to 7 days including home use. On previous review, modified approval was recommended for 7-day rental of cold therapy unit in accordance with evidence-based guidelines. Based on the clinical information provided, medical necessity is not established for purchase of cold therapy unit.

Knee CPM X 60 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, 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, Continuous passive motion (CPM)

Decision rationale: The injured worker is status post left knee arthroscopy with autograft ACL reconstruction, partial medial and partial lateral meniscectomies on 04/02/14. Post-operative DME was requested including 60-day rental of continuous passive motion (CPM). Per ODG, CPM is recommended for 4-10 consecutive days (but no more than 21) following certain surgical procedures including ACL reconstruction. On previous review, modified approval was recommended for knee CPM rental x 14 days in accordance with evidence-based guidelines. Based on the clinical information provided, medical necessity is not established for CPM rental x 60 days.

CPM soft goods: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Continuous passive motion (CPM)

Decision rationale: The injured worker is status post left knee arthroscopy with autograft ACL reconstruction, partial medial and partial lateral meniscectomies on 04/02/14. Post-operative DME was requested including 60-day rental of continuous passive motion (CPM). Per ODG, CPM is recommended for 4-10 consecutive days (but no more than 21) following certain surgical procedures including ACL reconstruction. On previous reviewer, there was modified approval for one CPM pad. This unspecified request would not be medically necessary as submitted.