

Case Number:	CM14-0069150		
Date Assigned:	09/15/2014	Date of Injury:	08/17/2012
Decision Date:	10/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational Medicine, and is licensed to practice in Montana. 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's sustained an injury when she fell at work on 8/17/12. Fall resulted in injury to the neck back and knees. She is currently treated for conditions involving the neck, low back and knees. MRI of the right knee showed lateral meniscal tear and chondromalacia. The utilization review on 4/23/14 did approve arthroscopic right knee surgery. The primary treating physician has requested DME Vasotherm Cold Therapy rental 14 days, medical clearance prior to surgery, and a knee pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME VASCOTHERM COLD THERAPY RENTAL X14 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)

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, Continuous Flow Cryotherapy

Decision rationale: The MTUS does not specifically address DME Vasotherm Cold Therapy devices. The ODG guidelines for knee and leg conditions note that continuous flow cryotherapy

is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The request for DMV Vascotherm Cold Therapy Rental 14 days is not supported by the ODT guidelines. The request for Vascotherm Cold Therapy is not medically necessary.

PURCHASE OF A KNEE PAD: 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, Continuous Flow Cryotherapy

Decision rationale: The MTUS does not address the use of kneepads in the perioperative period. The medical necessity for a knee pad is not addressed in the ODG guidelines or other documents. The treating physician did not explain the medical necessity for the knee pad. The pad may be part of the requested Vascutherm device, although this is not clear. If so, the pad is not medically necessary since the device itself is not medically necessary. For the above reasons, a Knee Pad is not medically necessary.

MEDICAL CLEARANCE: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: The Society of General Internal Medicine, preoperative clearance and The American College of Cardiology/American Heart Association 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery

Decision rationale: The MTUS does not address preoperative medical clearance. The Society of General Internal Medicine does note that preoperative assessment is expected before all surgical procedures. The American College of Cardiology/American Heart Association 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery states that, in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in individuals 50 years of age or older. A good history is critical to the discovery of cardiac and/or comorbid disease that would place the patient in a high surgical risk category. The utilization review dated 4/23/14 did approve right knee arthroscopic surgery for a lateral meniscal tear and chondromalacia. In this case the medical records demonstrate that the injured worker is over 50 years of age and has a family history of hypertension and heart disease. Preoperative medical clearance should be obtained. I am reversing the prior UR decision. The request for Medical Clearance for right knee arthroscopy is medically necessary.