

Case Number:	CM14-0070364		
Date Assigned:	07/14/2014	Date of Injury:	05/25/2012
Decision Date:	09/09/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 60 year old male whose date of injury is 05/25/2012. The mechanism of injury is described as a slip and fall. He sustained injuries to his elbows and knees. The injured worker suffered a left patella fracture. He has been approved for a left knee arthroscopy with partial meniscectomy, chondroplasty and debridement as well as a thirty day rental of a surgi-stim device and a seven day rental of a cold device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Durable medical equipment: CPM x 14 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 and leg.

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: Based on the clinical information provided, the request for post op durable medical equipment continuous passive motion (CPM) x 14 days is not recommended as medically necessary. The injured worker has been authorized for a left knee arthroscopy with

partial meniscectomy, chondroplasty and debridement as well as 30 day rental of a surgi-stim device and 7 day rental of a cold device. The Official Disability Guidelines would support the use of continuous passive motion for knee replacement, anterior cruciate ligament (ACL) repair and tibial plateau fracture. Given that this injured worker is not undergoing any of the procedures for which ODG would support CPM, there the request is not medical necessary.

Surgi-stim unit x 90 days and than a purchase if functional improvement: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation.

Decision rationale: Based on the clinical information provided, the request for surgi-stim unit x 90 days and then a purchase if functional improvement is not recommended as medically necessary. The injured worker has been authorized for a left knee arthroscopy with partial meniscectomy, chondroplasty and debridement as well as 30 day rental of a surgi-stim device and 7 day rental of a cold device. CA MTUS guidelines would support a 30 day trial of the unit. There is no documentation of functional improvement provided to support 90 day rental and possible purchase. Therefore the request is not medically necessary.

Coolcare cold therapy unit: 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 and leg.

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: Based on the clinical information provided, the request for coolcare cold therapy unit is not recommended as medically necessary. The injured worker has been authorized for a left knee arthroscopy with partial meniscectomy, chondroplasty and debridement as well as 30 day rental of a surgi-stim device and 7 day rental of a cold device. The Official Disability Guidelines would support continuous flow cryotherapy for up to 7 days in the postoperative period. There is no clear rationale provided to support exceeding this recommendation. Therefore, the request is not in accordance with ODG, and not medically necessary.