

<b>Case Number:</b>	CM14-0078805		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Florida. 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 62-year-old male who reported injury on 06/17/2009. The mechanism of injury was a motor vehicle accident. The injured worker was noted to have an MRI of the right knee. The injured worker's medications included tramadol ER 150 mg, LidoPro cream and Flexeril 7.5 mg. The surgical interventions included a posterior foraminotomy on the left at C4-5, C5-6, and C6-7. The documentation of 04/18/2014 revealed the injured worker had complaints of knee pain. The injured worker underwent shoulder surgery in 06/2010. The injured worker's current medications were noted to include tramadol ER 150 mg and Flexeril 7.5 mg. The injured worker had a positive McMurray's and Apley's compression test. The injured worker had an MRI of the right knee. The diagnoses included right knee medial and lateral meniscus tear, right knee chondromalacia, and right knee mild degenerative joint disease. The treatment plan included a sling, brace, boot, cast, cane, crutches, and walker for postoperative care. Postoperative medications, ice cold therapy for postoperative pain, chiropractic therapy for the postoperative right knee 2 times 6 weeks, preoperative studies, and a right knee arthroscopy with medial and lateral meniscectomy and chondroplasty. There was a lack of documentation to support the surgical intervention and therefore, it was found not to be medically necessary. There was no Request for Authorization submitted to support the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative Sling (Unspecified Body part): 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) Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines indicate that durable medical equipment is appropriate if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, including it could normally be rented and used by successive patients and is generally not useful to a person in the absence of illness or injury. The clinical documentation submitted for review failed to provide a necessity for a postoperative sling for a knee surgery. The request as submitted failed to indicate the body part to utilize the postoperative sling. Additionally, the requested surgical intervention was found to be not medically necessary. Given the above, the request for Postoperative Sling (Unspecified Body part) is not medically necessary.

**Postoperative Brace (Unspecified body part): 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) Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines indicate that durable medical equipment is appropriate if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, including it could normally be rented and used by successive patients and is generally not useful to a person in the absence of illness or injury. The clinical documentation submitted for review failed to provide a necessity for a postoperative brace for a knee surgery. The request as submitted failed to indicate the body part to utilize the postoperative brace. Additionally, the requested surgical intervention was found to be not medically necessary. Given the above, the request for Postoperative Brace (Unspecified body part) is not medically necessary.

**Postoperative Boots (Unspecified Body part): 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) Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines indicate that durable medical equipment is appropriate if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, including it could normally be rented and used by successive patients and is generally not useful to a person in the absence of illness or injury. The clinical documentation submitted for review failed to provide a necessity for postoperative boots for a knee surgery. The request as submitted failed to indicate the body part to utilize the postoperative boots. Additionally, the requested surgical intervention was found to be not medically necessary. Given the above, the request for Postoperative Boots (Unspecified Body part) is not medically necessary.

**Postoperative Crutches (Unspecified Body part): 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) Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines indicate that durable medical equipment is appropriate if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, including it could normally be rented and used by successive patients and is generally not useful to a person in the absence of illness or injury. The clinical documentation submitted for review failed to provide a necessity for postoperative crutches for a knee surgery. The request as submitted failed to indicate the body part to utilize the postoperative crutches. Additionally, the requested surgical intervention was found to be not medically necessary. Given the above, the request for Postoperative Crutches (Unspecified Body part) is not medically necessary.

**Follow Up with Orthopedic Specialist (05/06/2014 - 07/05/2014): 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 (ODG) Knee & Leg Chapter, Office Visits.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review failed to indicate a necessity for a followup visit as

the surgical intervention was found to be not medically necessary. There was a lack of documented rationale for the request. Given the above, the request for Follow Up with Orthopedic Specialist (05/06/2014 - 07/05/2014) is not medically necessary.

**6 Week Rental Cold Therapy Unit (05/06/2014 - 07/05/2014): 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 (ODG) Knee & Leg Chapter, Continuous Flow Cryotherapy.

**Decision rationale:** The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended for up to 7 days postoperatively. The surgical intervention was found to be not medically necessary, as such the request for a continuous flow cryotherapy unit would not be supported. Given the above, the request for 6 Week Rental Cold Therapy Unit (05/06/2014 - 07/05/2014) is not medically necessary.

**12 Postoperative Chiropractic Therapy Sessions (05/06/201 - 07/05/2014): 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 Manual Therapy Page(s): 58, 59.

**Decision rationale:** The California MTUS Guidelines indicate that manual therapy is not recommended for the knee. There was a lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations. The requested surgical intervention was found to be not medically necessary. As such, the request for 12 Postoperative Chiropractic Therapy Sessions (05/06/201 - 07/05/2014) are not medically necessary. Additionally, the request as submitted failed to indicate the body part to be treated with chiropractic care. Therefore the request is not medically necessary.