

Case Number:	CM14-0083679		
Date Assigned:	07/21/2014	Date of Injury:	08/04/2012
Decision Date:	10/22/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/05/2014

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 Orthopedic Surgery, has a subspecialty in Spinal Surgery and is licensed to practice in South Dakota. 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 30 year old male who was injured on August 4, 2012 to her right knee. The mechanism of injury was a slip and fall event while transferring her 200+ pound patient from the bed to the wheelchair, striking her right knee on the chairs foot rest and then fell over on her right side against the foot of the bed. The diagnoses are listed as right hip pain, rule out labral tear, lumbar pain, rule out herniated nucleus pulposus, right knee pain, rule out medial meniscal tear, ankle and foot pain, anxiety and depression, insomnia, and chronic pain syndrome. The most recent progress note dated 4/1/14, reveals complaints of pain in the medial aspect of her hip again down her thigh but also her back is in severe pain from the limping; complaints of right knee pain as well. Physical examination reveals a limp with antalgic on the right more so on the left, also a little bit of left leg antalgia, back seems to be worse, very decreased range of motion of her lumbar spine flexing only to 20 degrees since she limps on the right lower extremity which aggravates her pain. Prior treatment includes right hip arthroscopy with intraarticular surgery, medications, and physical therapy. A prior utilization review determination dated 5/30/14, resulted in denial of retrospective pain pump, Q Tech cold therapy rental, universal therapy wrap and full leg wrap purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pain Pump: 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) Shoulder, Postoperative pain pump.

Decision rationale: MTUS does not address. ODG states post operative pain pumps are not recommended are are no more effective than conventional post operative pain control measures. Therefore, this request is not medically necessary.

Q-Tech Cold Therapy Rental: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder 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: MTUS does not address. Continuous flow cryotherapy is considered optional in ODG for post operative pain, swelling and inflammation. Medical necessity has been established.

Universal Therapy Wrap: 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, Cold/Heat Packs, continuous flow cryotherapy.

Decision rationale: As above, continuous flow cryotherapy is an option for post operative pain. Use is typically up to 7 days after surgery including home use. As the cold therapy unit has been approved the universal therapy wrap would not be necessary.

Full Leg Wrap Purchase: 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, Cold/Heat Packs, continuous flow cryotherapy.

Decision rationale: As above, continuous flow cryotherapy is an option for post operative pain. Use is typically up to 7 days after surgery including home use. As the cold therapy unit has been approved the full leg wrap would not be necessary.