MAXIMUS Federal Services

Case Number:	CM14-0183855		
Date Assigned:	11/21/2014	Date of Injury:	05/14/2007
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old male with an injury date of 05/14/2007. According to the 07/23/2014 progress report, the patient has increased his range of motion for his knee. He still has some swelling behind the knees, and it feels tight when he goes to stretch. The patient has hypertension and diabetes. He has tenderness along the knee joint along the incision; otherwise, it is healing quite well. The patient has some weakness with dorsiflexion and plantar flexion secondary to pain. The 08/27/2014 report states that the patient has ongoing left knee pain. He has weakness to the quadriceps, and effusion is noted. The patient also has depression. The 09/24/2014 report states that the patient ambulates with a cane which puts too much pressure on his shoulders. He is not currently working. The patient has mild crepitation with range of motion. On 05/14/2014, the patient had a "total knee replacement with synovectomy and meniscectomy of the joint." The patient's diagnoses include the following:1. Internal derangement of the knee on the left, status post.2. Surgical intervention including microfracture technique in 2009.3. Chronic pain syndrome.The Utilization Review determination being challenged is dated 10/15/2014. Treatment reports were provided from 05/07/2014 - 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HOT AND COLD COMPRESSION GARMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

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 under compression garment

Decision rationale: Based on the 09/24/2014 progress report, the patient complains of having left knee pain. The request is for one hot and cold compression garment. The Official Disability Guidelines (ODG) chapter knee and leg under compression garment states the following, "Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10 to 30 mmHg applied by stockings are effective in the management of telangiectasis after sclerotherapy, varicose veins in pregnancy, the prevention of edema, and deep vein thrombosis (DVT)." ODG supports the use of compression garments for patients who have telangiectasias after sclerotherapy, varicose veins in pregnancy, edema, or deep vein thrombosis. In this case, the patient does not have any of those diagnoses. Therefore, the requested treatment is not medically necessary and appropriate.

12 PHYSICAL THERAPY SESSIONS FOR LEFT KNEE:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: According to the 09/24/2014 progress report, the patient presents with left knee pain. The request is for twelve physical therapy sessions for the left knee to improve his range of motion. On 05/14/14, the patient had a "total knee replacement with synovectomy and meniscectomy of the joint." The 09/24/2014 report indicates that the patient has already had 24 sessions of physical therapy. "He needs additional twelve sessions of physical therapy to improve his range of motion." California MTUS guidelines page 24-25 regarding post-surgical guidelines for the knee allows for the following: Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella: Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeksArthritis (Arthropathy, unspecified); Arthroplasty, knee: 24 visits over 10 weeks.This patient is still within post-operative time frame. An additional 12 sessions of physical therapy sessions to the 24 sessions of post-operative physical therapy the patient has already had would exceed what is allowed by MTUS guidelines. The treater explains why this patient would require a more extensive therapy, name to improve ROM. However, there is no explanation as to why this cannot be accomplished via a home exercise program. Therefore, the requested treatment is not medically necessary and appropriate.