

Case Number:	CM14-0188177		
Date Assigned:	11/18/2014	Date of Injury:	10/20/2012
Decision Date:	01/07/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 45 year old male with reported industrial injury of 10/20/12. An exam note dated 11/19/13 demonstrates that future medical care includes access to orthopedic follow-up and injections if needed. An operative report from 10/6/14 demonstrates that the claimant is status post right knee diagnostic arthroscopy, medial meniscus debridement, medial tibial plateau chondroplasty and micro-fracture, high tibial osteotomy and allogenic bone grafting. The claimant is approved for high tibial osteotomy on 9/16/14. It is noted that the claimant has been approved for a walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Cold therapy unit rental for three weeks for the right knee:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg 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 and Leg Chapter, Continuous Flow Cryotherapy

Decision rationale: The CA MTUS/ACOEM is silent on the issue of cryotherapy. According to the ODG, Knee and Leg Chapter regarding continuous flow cryotherapy, it is a recommended option after surgery but not for non-surgical treatment. It is recommended for upwards of 7 days post-operatively. In this case the request exceeds the recommended amount of days. Therefore the request is not medically necessary.

Associated surgical services: Crutches: 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 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 and Leg, Walking Aids

Decision rationale: The CA MTUS/ACOEM is silent on the issue of walking aids. According to the ODG, Knee and Leg, Walking aids, is recommended for patients with osteoarthritis. In this case there is insufficient evidence to support crutches as a walker has already been approved. Therefore the request is considered not medically necessary.