

Case Number:	CM15-0007924		
Date Assigned:	01/16/2015	Date of Injury:	10/17/2013
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 female patient, who sustained an industrial injury on 10/17/2013. A primary treating office visit dated 11/14/2014 reported the patient with complaints of right knee pain, buckling and giving way with difficulty ascending and descending stairs. She also complains of muscle spasm at right calf. Objective findings showed right knee with tenderness to palpation over the popliteal fossa, medial joint line, lateral joint line and peripatellar region. McMurray's test is found with positive results and there is also note of patellofemoral crepitus. Active range of motion to the right knee as follows; flexion is 122 degrees and extension is 0 degrees. She is diagnosed with right knee sprain/strain with history of posterior horn medical meniscus tear on 12/12/2013, arthritic changes and patellofemoral arthralgia, severe small Baker's cyst, marked tricompartmental chondral loss, subchondral cyst at the anterior aspect of the lateral femur and posterior aspect of the patella. The plan of care involved proceeding with authorized surgical consultation for the right knee 11/24/2014, continue with home exercises and follow up in six weeks. On 12/30/2014 Utilization Review non-certified a request for pre-operative 2 night sleep study, continuous positive motion unit, stimulating unit and a cold therapy unit, noting CA MTUS Chronic Pain, Heat Cold and Official Disability Guidelines Sleep, Knee were cited. The injured worker submitted an independent medical review of the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Pre-Op 2 Night Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation polysomnography

Decision rationale: The medical records do not indicate that this patient has significant sleep disorder that happens at least 4 nights a week for 6 months duration. ODG criteria for sleep study not met.

Associated Surgical Service: Post Op Physical Therapy to Right Knee (12-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: MTUS guidelines recommend an initial trial of PT with documented improvement prior to additional PT. ALL 12 visits are excessive and not needed without documented improvement.

Associated Surgical Service: Post-Op CPM machine (14-day rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee Chapter

Decision rationale: ODG criteria indicate that home cpm may be appropriate for patients who are nonweightbearing or who are at risk for stiff knee. The medical records do not indicate that this patient is at risk for stiff knee or is nonweightbearing. ODG criteria not met.

Associated Surgical Service: Post Op Surgi-Stim Unit (90-days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surg Stim Unit Page(s): 116.

Decision rationale: MTUS criteria not met. The patient's knee surgery is not a listed surgery for a stim unit. Also, there is no documentation that the patient cannot participate in physical therapy.

Associated Surgical Service: Post Op Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38.

Decision rationale: MTUS guidelines indicate that home ice packs are just as effective as cold therapy. There is no clinically proven benefit to formal cold therapy over ice packs. Clinical need for cold therapy not established. Ice packs at home may be just as effective.