

Case Number:	CM15-0146634		
Date Assigned:	08/11/2015	Date of Injury:	04/09/2014
Decision Date:	09/10/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is represented 61-year-old who has filed a claim for knee and leg pain reportedly associated with an industrial injury of April 9, 2014. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for postoperative transfer to and from appointments and a 30-day rental of a DVT prophylaxis device. The claims administrator framed the request as a postoperative request following the knee meniscectomy procedure. A May 18, 2015 letter was referenced in the determination. The applicant's attorney subsequently appealed. On March 2, 2015, the applicant reported ongoing complaints of knee pain reportedly attributed to a meniscal tear. The applicant was asked to pursue a meniscectomy procedure. Authorization for surgery was sought, in conjunction with a variety of postoperative requests, including continuous passive motion, postoperative physical therapy, crutches, and a knee brace. In a preoperative consultation dated May 20, 2015, the applicant reported ongoing complaints of knee pain. The applicant was apparently using Prilosec, it was reported, and had a past medical history notable for obstructive sleep apnea, it was suggested. The applicant was apparently semi-compliant with a CPAP machine, it was reported. On May 20, 2015, the applicant underwent a left knee arthroscopic meniscectomy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative transportation to appointments: 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) - TWC Knee & Leg Procedure Summary Online Version last updated 05/05/2015; Department of Health care services - California www.dhcs.ca.gov/services/medi-cal.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Transportation (to & from appointments).

Decision rationale: No, the request for transportation to and from appointments was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 5, page 83 stipulates that, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes making and keeping appointments. The request for transportation to and from appointments, thus, per the MTUS Guideline in ACOEM Chapter 5, page 83 represents an article of applicant responsibility as opposed to an article of payer responsibility. While ODGs Knee Chapter Transportation topic does recommend provision of transportation to and from medical appointments in the same community with applicants with disabilities which prevent them from self-transport, here, however, the May 20, 2015 preoperative consultation on which the request was issued made no mention of the applicant's having significant impairment and/or disability which would have prevented the applicant from transporting himself to and from appointments of his own accord following the relatively minor knee arthroscopy procedure which transpired on May 20, 2015. Therefore, the request was not medically necessary.

Post-operative DVT compression home unit with bilateral calf sleeve (30 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 (ODG)- TWC Knee and Leg Procedure Summary Online Version last updated 05/05/2015; JT Comm J Qual Patient Saf 2011 Apr 37 (4) 178-83.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 8293.

Decision rationale: Similarly, the request for a postoperative DVT compression 30-day rental was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of DVT prophylaxis following knee arthroscopic meniscectomy surgery, as transpired here on May 20, 2015. While the Third Edition ACOEM Guidelines Knee Chapter does acknowledge that the use of a DVT prophylaxis device is moderately recommended in postoperative major knee surgery applicants, such as individuals undergoing surgery for knee fractures, knee arthroplasties, etc., here, however, the applicant underwent a comparatively minor knee arthroscopy procedure on the date in question, May 20, 2015. It was not clearly stated or clearly established why DVT prophylaxis was sought following the comparatively minor procedure which transpired here. The Third Edition ACOEM Guidelines also stipulate that discontinuation of the DVT prophylaxis device is generally recommended by 14 days unless there are ongoing issues, such as delayed rehabilitation or ambulation which resulted in an applicant's developing heightened risks for DVTs development. Here, again, it was not stated why such a lengthy, protracted 30-day DVT prophylaxis device rental was sought in the face of

(a) the applicant's having undergone a relatively minor knee arthroscopic meniscectomy procedure and (b) in the face of the ACOEM position favoring discontinuation of DVT prophylaxis by the 14-day mark of the date of surgery. Therefore, the request was not medically necessary.