

Case Number:	CM15-0193519		
Date Assigned:	10/07/2015	Date of Injury:	08/13/2013
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/01/2015

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: California, Oregon, 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(n) 57 year old male, who sustained an industrial injury on 8-13-13. The injured worker was diagnosed as having right knee strain, post op arthroscopic right knee surgery and right L5-S1 facet syndrome. Medical records (6-17-15 through 8-12-15) indicated 6-8 out of 10 pain in the right knee. The physical exam (6-17-15 through 8-12-15) revealed right knee extension was -5 to 0 degrees and flexion was 130-140 degrees. As of the PR2 dated 9-9-15, the injured worker reports persistent right knee pain. He rates his pain 8 out of 10. The injured worker denies any high blood pressure, respiratory problems or diabetes. Objective findings include an antalgic gait, right knee range of motion is 0 degrees of extension and 125 degrees of flexion and medial and lateral patella facet tenderness. The treating physician noted the injured worker underwent a partial medial meniscectomy with repair of the posterior horn of the medial meniscus, horizontal cleavage tear and synovectomy on 12-5-14. There is no documentation of previous post-op complications. Treatment to date has included right knee physical therapy (from at least 2-27-15 through 5-22-15), Tramadol, Flexeril and Lidocaine patch. The treating physician requested a cooling system for 30 days and a DVT prophylaxis device. The Utilization Review dated 9-23-15, non-certified the request for a DVT prophylaxis device and modified the request for a cooling system for 30 days to a cooling system for 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Associated Surgical Services) Cooling System for thirty days: 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) <http://www.odg-twc.com/odgtwc/knee.htm>, continuous flow cryotherapy.

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 regarding continuous flow cryotherapy.

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

(Associated Surgical Services) One DVT Prophylaxis device: 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) <http://www.odg-twc.com/knee.htm>, venous thrombosis.

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 section, Compression Garments.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient, there is no documentation of a history of increased risk of DVT or major knee surgery. The patient underwent a routine knee arthroscopy, therefore medical necessity cannot be established and the request is not medically necessary.