MAXIMUS Federal Services

Case Number:	CM15-0205845		
Date Assigned:	10/22/2015	Date of Injury:	07/15/2013
Decision Date:	12/09/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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: Minnesota, Florida
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 65 year old male who sustained an industrial injury on 7-15-13. A review of the medical records indicates that the worker is undergoing treatment for cervical and lumbar radiculitis, bilateral internal knee derangement, status post left knee arthroscopy (9-21-15) and a history of hypertension and diabetes is noted. Subjective complaints (7-29-15) include bilateral knee pain. Objective findings (7-29-15) include left internal derangement refractory to conservative treatment, positive provocative physical exam findings and a meniscal tear seen on MRI. Previous treatment includes physical therapy and anti-inflammatories. A request for authorization for left knee arthroscopy and post-operative physical therapy is dated 8-10-15. A request for authorization for durable medical equipment is dated 9-21-15. Risk factors noted on the request for the pressure pneumatic appliance are: minor surgery-anesthesia time less than 1 hour and age 60 or greater, with total risk points noted as 3 with a key indicating 3-4 points denote high risk. On 9-30-15, the requested treatment of cooling system 4 week rental was modified to a 7 day rental and bilateral pressure pneumatic appliance purchase was not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooling system 4 week rental: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - (http://www.odg-twc.com/odgtwc/knee.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Continuous flow cryotherapy.

Decision rationale: The injured worker's is undergoing arthroscopy of the left knee. ODG guidelines recommend continuous-flow cryotherapy as an option after knee surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. The request as stated is for a four-week rental of the cooling system which is not supported. As such, the medical necessity of the request has not been substantiated, therefore is not medically necessary.

Bilateral pressure pneumatic appliance purchase: 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/odgtwcknee.htm#Venousthrombosis).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Venous thrombosis.

Decision rationale: ODG guidelines do not recommend routine use of pneumatic compression after arthroscopy. If the injured worker is at high risk for venous thromboembolism, appropriate prophylaxis with anticoagulation therapy or mechanical thromboprophylaxis may be indicated. In this case, the documentation does not indicate a high risk for deep vein thrombosis. As such, the request for intermittent pneumatic compression is not supported and the medical necessity of the request has not been substantiated, therefore is not medically necessary.