

Case Number:	CM15-0208328		
Date Assigned:	10/27/2015	Date of Injury:	03/23/2015
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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:

This is a 27 year old female with a date of injury of March 23, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for left knee internal derangement with probable underlying articular cartilage injury versus meniscal tear. Medical records dated July 13, 2015 indicate that the injured worker complained of left knee pain. A progress note dated October 1, 2015 documented complaints of pain and swelling of the left knee with episodes of giving way. Per the treating physician (October 1, 2015), the employee had work restrictions that included no stair climbing greater than two flights of stairs, and no running. The physical exam dated July 13, 2015 reveals no changes since the examination on May 11, 2015 that noted tenderness of the left knee. The progress note dated October 1, 2015 documented a physical examination that showed mild suprapatellar effusion of the left knee, and mild posterior medial joint line tenderness and anterolateral joint line tenderness of the left knee. Treatment has included cortisone injections with no improvement, and home exercise. The treating physician documented that the injured worker required a diagnostic left knee arthroscopy with possible meniscectomy and possible chondroplasty. The utilization review (October 14, 2015) partially certified a request for postsurgical rental of a hot-cold contrast unit (original request for a purchase), and non-certified a request for sequential compression device cuff half leg out.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Hot/Cold Contrast Unit (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); Knee & Leg Chapter (Online Version), 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) Section: Knee, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option after arthroscopic knee surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. Use beyond 7 days is not recommended. The guidelines do not recommend use of heat after surgery. As such, the request for purchase of a hot/cold unit is not recommended and the medical necessity of the request has not been substantiated.

Associated surgical service: SCD Cuff Half Leg Out: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acta Chir Scand 1985; 151 (3): 245-8: Prevention of postoperative deep 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) Section: Knee, Topic: Venous thrombosis.

Decision rationale: With regard to the request for sequential compression device, ODG guidelines recommend identifying patients at high risk of DVT and utilizing pharmacologic thromboprophylaxis for patients at high risk of developing venous thrombosis. Mechanical thromboprophylaxis is recommended for patients undergoing total hip or total knee replacement when there is a high risk of bleeding. Even in those cases, when the bleeding risk decreases, pharmacologic thromboprophylaxis is recommended. In this case, the documentation does not indicate a high risk of DVT. As such, the SCD cuff purchase is not supported and the medical necessity of the request has not been substantiated.