

Case Number:	CM15-0211798		
Date Assigned:	11/02/2015	Date of Injury:	02/18/2010
Decision Date:	12/18/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/28/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 48 year old male, who sustained an industrial injury on 2-18-2010. The injured worker was diagnosed as having status post left total knee arthroplasty. Treatment to date has included diagnostics, multiple left knee surgeries (operative reports not submitted), physical therapy, and medications. On 9-14-2015, the injured worker complains of continued pain and swelling in the left knee, but reported he was doing "better". Pain was rated 3 out of 10 (unchanged from 7-27-2015). Objective findings noted "minimal" pain and tenderness of the left knee, along with "mild" swelling. X-rays taken of the left knee were documented to show "no increase of osteoarthritis". Physical exam was unchanged from that of 7-27-2015. Function with activities of daily living was not described and physical therapy progress notes were not submitted. Current medication regimen was not described and he was prescribed Prilosec. His work status was not specified. On 10-16-2015 Utilization Review non-certified a request for adhesive remover towel mint #48, knee immobilizer, and CPM machine rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adhesive Remover Towel mint #48: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: Guidelines do not recommend knee and leg immobilization as a primary treatment as early mobilization benefit earlier return to work, decreased pain and greater range of motion. In this case, the patient's date of injury was in 2010 and was diagnosed with osteoarthritis. The medical records do not document medical necessity for adhesive remover towel mint X48. There is no documentation of physical exam findings supporting medical necessity of requested knee immobilizer. The medical records did not document a current scenario for which a 21 day CPM machine rental would be medically necessary. The request for Adhesive Remover #48 is not medically necessary and appropriate.

Knee Immobilizer: 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 (updated 7/10/15), Online Version, Immobilization.

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 Immobilizer.

Decision rationale: Guidelines do not recommend knee and leg immobilization as a primary treatment as early mobilization benefit earlier return to work, decreased pain and greater range of motion. In this case, the patient's date of injury was in 2010 and was diagnosed with osteoarthritis. The medical records do not document medical necessity for adhesive remover towel mint X48. There is no documentation of physical exam findings supporting medical necessity of requested knee immobilizer. The medical records did not document a current scenario for which a 21 day CPM machine rental would be medically necessary. The request for knee immobilizer is not medically necessary and appropriate.

CPM Machine: 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 (updated 7/10/15), Online Version, continuous passive motion (CPM).

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 Immobilizer.

Decision rationale: Guidelines do not recommend knee and leg immobilization as a primary treatment as early mobilization benefit earlier return to work, decreased pain and greater range of

motion. In this case, the patient's date of injury was in 2010 and was diagnosed with osteoarthritis. The medical records do not document medical necessity for adhesive remover towel mint X48. There is no documentation of physical exam findings supporting medical necessity of requested knee immobilizer. The medical records did not document a current scenario for which a 21 day CPM machine rental would be medically necessary. The request for 21 day CPM machine rental is not medically necessary and appropriate.