

Case Number:	CM15-0034044		
Date Assigned:	02/27/2015	Date of Injury:	05/09/2014
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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 Jersey, New York
Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 5/9/2014. The current diagnoses are right knee sprain/strain and right medial meniscus tear. According to the progress report dated 12/22/2014, the injured worker complains of right knee pain. The pain is rated 8-9/10 on a subjective pain scale. The current medications are Anaprox. Treatment to date has included medication management, activity modification, MRI, physical therapy, and home exercise program. The plan of care includes arthroscopic right partial medial meniscectomy, chondroplasty, and debridement, home Continuous Passive Motion (CPM) Device for 14 days, Surgi-Stim unit for 90 days, and Coolcare Cold Therapy Unit for 90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative DME: Home Continuous Passive Motion Device for 14 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), Knee & Leg, Continuous passive motion.

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, Continuous passive motion devices.

Decision rationale: The request is considered not medically necessary. Because MTUS does not cover these guidelines, ODG was referenced. For home use, CPM would be indicated if the patient had "low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty" due to physical, mental, or behavioral disability, complex regional pain syndrome, or tendon fibrosis, etc. The patient was not documented to have any of these conditions and there is no reason why he would be unable to perform rehabilitation exercises. Therefore, the request is considered not medically necessary.

Post-operative DME: Surgi-Stim for 90 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) Low Back, Neuromuscular electrical stimulators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee/Leg, NMES.

Decision rationale: The request is considered not medically necessary. NMES can be beneficial post-operatively in knee surgeries such as ACL but may not be needed for minor surgeries such as partial meniscectomy. Also, the patient was documented to not have any lower extremity deficits in strength that would benefit from a NMES unit. Therefore, the request is considered not medically necessary.

Post-operative DME: Coolcare Cold Therapy Unit for 90days: 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), Cold/Heat packs, Knee & Leg 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, Continuous-flow cryotherapy.

Decision rationale: The request is considered not medically necessary at this time. Cold therapy ice unit or continuous-flow cryotherapy is not addressed by the MTUS, therefore ODG guidelines were used. It is recommended as an option after surgery, but not for an extended time period such as 3 months. It may be recommended up to seven days post-operatively. Therefore, as stated, the request is considered not medically necessary.