

Case Number:	CM15-0034721		
Date Assigned:	04/02/2015	Date of Injury:	05/12/2014
Decision Date:	05/08/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/24/2015

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 29-year-old female, who sustained an industrial injury on 5/12/2014. She reported a right knee injury after falling. Diagnoses have included internal derangement of the knee on the right with involvement of the patellofemoral joint and medial joint line. Treatment to date has included physical therapy, injections, knee brace and medication. According to the progress report dated 12/19/2014, the injured worker complained of pain along the medial joint line greater than lateral with some fluid retaining below the patella. Physical exam revealed tenderness along the medial greater than lateral joint line. The treatment plan was for right knee arthroscopy and decompression. On 1/16/2015, the request for authorization included Polar Care for 21-day rental and neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative DME: Polar Care Unit (in days) Quantity: 21: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38.

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: 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 general period of use is 7 days. The request as stated pertains to a rental of DME Polar Care unit for 3 weeks, which is not supported, by guidelines and the medical necessity of the request has not been substantiated.

Neurontin 600mg, Quantity: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: ODG guidelines indicate gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia. It has been considered as a first line treatment for neuropathic pain. The documentation submitted does not indicate the presence of neuropathic pain, particularly diabetic painful neuropathy or post herpetic neuralgia. As such, the request for gabapentin 600mg #180 for use after knee surgery is not supported and the medical necessity of the request has not been substantiated.