MAXIMUS Federal Services

Case Number:	CM15-0054547		
Date Assigned:	03/27/2015	Date of Injury:	06/04/2014
Decision Date:	05/18/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male who reported injury on 06/04/2014. The mechanism of injury was not provided. The diagnoses included tear of medial meniscus, current. The injured worker had objective findings on physical examination and MRI to support the need for surgical intervention. The mechanism of injury was not provided. The surgical procedure including a partial medial meniscectomy, chondroplasty, and debridement was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of supervised post operative rehabilitative therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Postsurgical Treatment Guidelines indicate that the tear of a medial meniscus of the knee is appropriate for postoperative treatment for up to 12 sessions. However, the initial sessions should be half the recommended number. This request would be supported for 6 initial sessions. The request as submitted failed to indicate the body

part to be treated with the physical therapy. Given the above, the request for 12 sessions of supervised post operative rehabilitative therapy is not medically necessary.

14 days rental of continuous passive motion device (CPM): 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 (Acute & Chronic).

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 chapter, Continuous passive motion (CPM).

Decision rationale: The Official Disability Guidelines indicate that continuous passive motion is recommended postoperatively for a total knee arthroplasty or for an anterior cruciate ligament reconstruction if it is inpatient. The clinical documentation submitted for review indicated the injured worker would be undergoing a meniscal surgery. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the body part to be treated with the CPM unit. Given the above, the request for 14 days rental of continuous passive motion device (CPM) is not medically necessary.

90 day rental surgi-stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS), Neuromuscular electrical stimulation (NMES devices), Galvanic current.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES, Interferential Current Stimulation, Galvanic Stimulation Page(s): 114-116, 121, 118, 117.

Decision rationale: The California Medical Treatment Utilization Schedule recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. They do not recommend Interferential current stimulation (ICS) as an isolated intervention. Galvanic stimulation is not recommended. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. The guidelines do recommend up to 30 days postoperatively for a TENS unit. However, the combination unit is not recommended. The request as submitted failed to indicate the body part to be treated. Given the above, the request for 90 day rental surgi-stim unit is not medically necessary.

1 coolcare cold therapy unit: 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 (Acute & Chronic).

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 chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended for up to 7 days postoperatively. The clinical documentation submitted for review indicated the injured worker was approved for a surgical intervention. However, the request as submitted failed to indicate whether the unit was for rental or purchase and the duration of rental if rental was applicable. The request as submitted failed to indicate the body part to be treated. Given the above, the request for 1 coolcare cold therapy unit is not medically necessary.

1 preoperative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General information and ground rules, California office medical fee schedule, 1999 edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Society of General Internal Medicinehttp://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=.

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review indicated the injured worker had been approved for surgical intervention. This request would be appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Given the above, the request for 1 preoperative medical clearance is medically necessary.