

Case Number:	CM15-0083903		
Date Assigned:	05/06/2015	Date of Injury:	02/20/2008
Decision Date:	08/04/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/01/2015

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

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 62 year old male, who sustained an industrial/work injury on 2/20/08. He reported initial complaints of right shoulder, low back, and right knee pain. The injured worker was diagnosed as having lumbosacral degenerative disc disease, chronic radiculopathy, right shoulder calcific tendonitis, acromioclavicular joint hypertrophy and impingement, right knee strain internal derangement. Treatment to date has included medication, diagnostics, surgery (right knee arthroscopy, meniscectomy, debridement, and chondroplasty on 6/3/09), physical therapy, and steroid injection. MRI results were reported with results of posterior horn medial meniscus tear of right knee. Currently, the injured worker complains of low back pain, right shoulder pain and right knee pain. Per the primary physician's progress report (PR-2) on 4/20/15, diagnostics determined need for surgery with report of posterior horn medial meniscus tear. The steroid injection was only temporary relief. Current plan of care included surgery. The requested treatments include physical therapy 3x6, cold therapy unit purchase, T-Rom brace purchase, post op DVT compression home unit with bilateral calf sleeve 30 day rental, E-stim unit purchase, and pre op medical clearance with urine toxicology for post op narcotic dispensing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is not medically necessary.

Cold therapy 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, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the determination is not medically necessary.

T-ROM brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Knee Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation ODG, Knee chapter, Knee brace.

Decision rationale: CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The exam note from 4/20/15 does not demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore the request for durable medical equipment, knee brace, is not medically necessary or appropriate.

Post op DVT compression home unit with bilateral calf sleeve 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg section, Compression Garments.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend the use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. There is no evidence of increased risk for DVT based upon the exam note of 4/20/15. Therefore medical necessity cannot be established and therefore the determination is not medically necessary.

E-stim unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: CA MTUS/ACOEM Chapter 13, Knee complaints, page 339 states that, “some studies have shown that transcutaneous electrical neurostimulation (TENS) units and acupuncture may be beneficial in patients with chronic knee pain, but there is insufficient evidence of benefit in acute knee problems.” Therefore the decision to prescribe a TENS unit in the immediate, acute, postoperative setting is not supported by the guidelines above and determination is not medically necessary.

Pre op medical clearance with urine toxicology for post op narcotic dispensing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct

anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography.” Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 62 year old without comorbidities, substance abuse history or physical examination findings concerning to warrant preoperative testing including urine toxicology prior to the proposed surgical procedure. Therefore the determination is not medically necessary.