MAXIMUS Federal Services

Case Number:	CM14-0102633		
Date Assigned:	07/30/2014	Date of Injury:	11/26/2013
Decision Date:	10/16/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year-old male was reportedly injured on 11/26/2013. The mechanism of injury is noted as a twisting injury. The most recent progress note, dated 6/4/2014, indicates that there were ongoing complaints of left knee pain. The physical examination demonstrated left knee: positive atrophy of the. Positive tenderness to palpation over the medial joint line range of motion 0-130. Motor and sensory exam unremarkable. Positive McMurray's. Diagnostic imaging studies include an MRI, dated 1/13/2014, which reveals medial meniscal tear. Previous treatment includes right knee arthroscopy, medications, and conservative treatment. A request had been made for polar care unit and crutches and was not certified in the pre authorization process on 6/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar Care 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Continuous Flow Cryotherapy - (updated 7/29/14).

Decision rationale: ODG guidelines state continuous flow cryotherapy is an option after surgery, but not for nonsurgical treatment. It may be used postoperatively for up to 7 days including home use to decrease pain, inflammation, swelling, any use of narcotic pain medications. After review the medical records provided there is no scheduled surgical procedure at this point in time. Therefore, this request is deemed not medically necessary.

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section Knee & Leg (Acute & Chronic) Updated 10/7/2014. Walking Aids (Cane)

Decision rationale: The Official Disability Guidelines (ODG) state walking aids such as a cane is recommended when the patient has documented difficulty with ambulation. After review the medical records provided, there is no documentation of difficulty with ambulation, and the medical records failed to provide documentation to justify the need of this device. Therefore, the request for crutches are not medically necessary and appropriate.