

Case Number:	CM14-0117561		
Date Assigned:	08/04/2014	Date of Injury:	11/28/2007
Decision Date:	10/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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 records presented for review indicate that this 62 year-old individual was reportedly injured on November 28, 2007. The mechanism of injury is noted as cleaning a divider. The most recent progress note, dated July 17, 2014, indicates that there were ongoing complaints of right knee pain after arthroscopic intervention. The physical examination demonstrated significant improvement in the right knee symptoms, their ongoing complaints of weaknesses stiffness. The left knee noted ongoing complaints of pain exacerbated with weight bearing. The right knee noted well-heeled arthroscopic surgical portals and flexion was noted to be 120 degrees. The left knee noted tenderness along the medial and lateral joint line, retro patellar crepitation, and a positive McMurray's. Diagnostic imaging studies objectified meniscal tears of the medial and lateral meniscus. Previous treatment includes medications, physical therapy, arthroscopic surgery, and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on July 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: When noting the date of injury, the reported mechanism of injury, the age of the injured worker, and the notation that right knee arthroscopy has been completed, there is no indication for left knee surgical intervention based on the limited clinical records presented for review. It is unclear why this device is being requested. Understanding that there is an endorsement for such device postoperatively, there is no objective information presented to suggest the pending surgical intervention. Therefore, based on the limited clinical ration presented for review this is not medically necessary.

60 tablets of Norco 5/325 mg for post-operative use: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: When noting the date of injury and the data of the right knee surgery, there is no indication the left knee is to undergo surgical intervention and there is no objectified efficacy with the utilization of these medications. There is no clear clinical indication presented why this is warranted. As such, the medical necessity is not been established.

24 Post-operative physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: There is no noted clinical necessity for left knee surgery. It is noted the right knee arthroscopic surgery had postoperative physical therapy. Furthermore, as outlined in the MTUS, postoperative physical therapy for a partial meniscectomy is no more than 12 sessions. Therefore, this request is excessive and there is no clinical indication a surgical event should be undertaken or why a home assessed protocol could not be completed. Therefore, the medical necessity has not been established.

6 weeks rental of a cryotherapy 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), Integrated Treatment/Disability Duration Guidelines; Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Acute, Subacute and Chronic Shoulder Pain (Electronically Cited)

Decision rationale: As outlined in the MTUS, there is a clinical indication for cold therapy after surgery. However, there is no noted surgery pending. The location of the surgery would support a topical icepack and the application of cold is indicated for the more than 7 days. Therefore, based on the premise noted above the request is excessive and not clinically indicated. The medical necessity is not been established.

6 weeks rental of Surgi-Stim unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: As noted in the MTUS, there is a specific recommendation against the use of electrical stimulation unit. There is no noted efficacy or utility with such device in the literature. Furthermore, there is no objectification surgical intervention. The medical necessity of this device has not been established based on the progress notes presented.