MAXIMUS Federal Services

Case Number:	CM14-0153039		
Date Assigned:	09/23/2014	Date of Injury:	04/19/2013
Decision Date:	11/10/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 04/19/2013. The mechanism of injury was not provided. The injured worker had prior intervention including a right knee surgery. The medications and prior therapies were not provided. The mechanism of injury was lifting a lot of heavy equipment with kneeling, climbing and stooping. The medications were not provided. The injured worker underwent a right knee partial medial meniscectomy, partial lateral meniscectomy, and chondroplasty on 02/03/2014. The injured worker underwent diagnostic studies including an MRI of the left knee. The documentation of 08/14/2014 revealed the injured worker had left knee symptoms since 04/2013, which had gotten worse. The physical examination revealed tenderness at the medial joint line with pain on a daily basis. The recommendation was for an arthroscopy, partial meniscectomy, and chondroplasty of the left knee. The injured worker underwent flexion weight bearing views on 06/19/2014 which revealed no evidence of joint space narrowing no arthritic process indicating a good prognosis for arthroscopy and meniscectomy. There was no rationale or Request for Authorization for the requested interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Hot/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, Continuous-Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Chapter, Continuous Flow Cryotherapy

Decision rationale: The Official Disability Guidelines indicate that continuous low cryotherapy is appropriate for postoperative use. However, there was a lack of documentation indicating a necessity for both a hot and cold therapy unit. The request as submitted failed to indicate the body part to be treated as well as the duration of care and whether the unit was for rental or purchase. Additionally, there was a lack of documentation indicating the surgical intervention had been approved. Given the above, the request for Post-Operative Hot/Cold Therapy Unit is not medically necessary.

Post-Operative Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Chapter, Knee Brace

Decision rationale: The Official Disability Guidelines indicate that postoperative bracing that does not protect against reinjury, decreased pain or improved stability. The clinical documentation submitted for review failed to provide a documented rationale for the request. The request as submitted, failed to indicate the laterality for the new brace. Additionally, there was a lack of documentation indicating the injured worker was approved for surgical intervention. Given the above, the request for Post-Operative Knee Brace is not medically necessary.