

Case Number:	CM14-0161505		
Date Assigned:	10/06/2014	Date of Injury:	07/23/2013
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 California. 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:

This is a 44-year-old female who sustained a vocational injury on 07/23/13. The claimant has been approved for left knee arthroscopy with partial medial meniscectomy. The office note dated 08/20/14 addressed subjective complaints and objective findings and that surgical intervention was authorized. The current request is for preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Medical Clearance: 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) Low Back Chapter Pre-Op Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)' Chapter 7, page 127.

Decision rationale: California ACOEM Guidelines note that consultants are typically utilized in the diagnosis, prognosis, therapeutic management, determination of medical disability, and permanent residual loss and/or examination for fitness to return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for the

investigation and/or treatment of the examinee/patient. Given the fact that there is no documentation of the claimant's past medical history or current ongoing comorbidities, it is unclear why preoperative medical clearance would be medically necessary. There is a lack of documentation supporting its medical necessity currently. Subsequently, the request cannot be considered medically necessary.

Post op physical therapy times 12 for the left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Postsurgical Guidelines support up to twelve visits over twelve weeks following knee arthroscopy and meniscectomy. At this time, the guidelines would support the request for twelve physical therapy sessions as medically reasonable.

Post op cold therapy unit 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 (ODG); Knee Chapter, Continuous-Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg Chapter: Continuous-Flow Cryotherapy.

Decision rationale: California ACOEM Guidelines support the application of cold to control pain and swelling. The Official Disability Guidelines support continuous flow cryotherapy for up to seven days following surgical intervention following knee surgery. Although it appears reasonable that the claimant would be a candidate for a postoperative continuous cold therapy unit, the request for cryotherapy is vague and without a requested duration of use, the request cannot be considered medically necessary.