

Case Number:	CM14-0192299		
Date Assigned:	11/26/2014	Date of Injury:	06/18/2012
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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:

The 71 year old female claimant with an industrial injury dated 06/18/12. The patient is status post a right knee arthroscopy, extensive synovectomy, partial meniscectomy, and chondroplasty dated 06/12/13. Conservative treatments include medication, physical therapy, TENS unit, and cortisone shots to the right knee. Exam note 09/30/14 states the patient returns with a sharp, stabbing knee pain. The patient explains the need for a walker and the inability to kneel and squat. Upon physical exam there was evidence of swelling surrounding the knee. The patient had a knee flexion of 125' on the right and an extension of 5'. The patient had right patellofemoral crepitus and tibiofemoral crepitus. There was also evidence of tenderness surrounding the right medial and lateral joint lines, and right medial/lateral patellar facets. X-rays reveal loss of joint space in the medial compartment. Treatment includes a total knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacologic Anti-Coagulation with Lovenox: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lovenox. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". There is no evidence that the patient is at risk for venous thrombosis from a simple knee arthroscopy. Therefore the determination is for non-certification. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. The request is not medically necessary.

CPM Rental for 14 Days: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, CPM

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. In this case the request is for a CPM following a knee arthroscopy. As the guideline criteria have not been met the determination is for non-certification. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. The request is not medically necessary.