

Case Number:	CM15-0042529		
Date Assigned:	03/13/2015	Date of Injury:	07/08/2013
Decision Date:	05/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 55-year-old male who reported injury on 07/08/2013. The mechanism of injury was not provided. Other therapies and diagnostic imaging included magnetic resonance imaging on 12/17/2014, which noted an internal derangement of the right knee. The documentation of 01/26/2015 revealed the injured worker had right knee pain, weakness and giving way. The injured worker had an antalgic gait on the right side, medial joint line tenderness and a positive McMurray's click. The diagnoses included right knee medial meniscus tear. The treatment plan included and arthroscopic medial meniscus repair, surgery and debridement for the right knee, an internal medicine preoperative clearance, an RN assessment for postoperative wound care and home aid as needed, 12 sessions of physical therapy, motorized cold therapy unit, DVT and mobility purchase. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN assessment for post-operative wound care and home aid as needed: 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 & Leg, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or intermittent medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The clinical documentation submitted for review indicated the surgeon had requested surgical intervention. There was a lack of documentation, however, indicating the injured worker would be homebound and in need of intermittent medical treatment. Additionally, there was a lack of documentation indicating the injured worker had exceptional factors in support of the need of home aid. Given the above, the request for RN assessment for post-operative wound care and home aid as needed is not medically necessary.

Deep vein thrombosis (DTV) unit for purchase: 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) Venous thrombosis.

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

Decision rationale: The Official Disability Guidelines indicate that injured workers should be assessed to see if they are at risk for deep venous thrombosis. If found to be at risk, there should be consideration for oral anticoagulants. Additionally, compression garments are recommended for the prevention of deep venous thrombosis. There was a lack of documentation of extended release. There was a lack of documentation indicating the injured worker was found to be at risk for deep venous thrombosis. There was a lack of documentation indicating why a compression garment would not be sufficient in place of deep venous thrombosis. Given the above, the request for deep vein thrombosis (DVT) unit for purchase is not medically necessary.

Mobility crutches: Overturned

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 and Leg, Walking aids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that brief partial weight bearing is appropriate for meniscus problems. This request would be supported if the surgical intervention is found to be medically necessary. This review presumes that surgery is planned and will proceed. There is no medical necessity for this request if surgery does not occur. Given the above, the request for mobility crutches is medically necessary.

30 day rental of motorized cold therapy unit 30 day 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) Continuous flow cryotherapy.

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

Decision rationale: The Official Disability Guidelines indicate that postoperative continuous flow cryotherapy is recommended for up to 7 days. There was a lack of documentation indicating a necessity for a 30 day rental. Given the above and the lack of documentation, the request for 30 day rental of motorized cold therapy unit 30 day rental is not medically necessary.