

<b>Case Number:</b>	CM15-0046759		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 54 year old female, who sustained an industrial injury on June 3, 2010. The injured worker was diagnosed as having internal derangements of the left and right knees, lumbar sprain, lumbar disc syndrome, gastrointestinal issues secondary to medication effects. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the left knee, physical therapy, medications and work restrictions. The injured worker presented on 02/05/2015 for a followup evaluation regarding the bilateral knees. With regard to the left knee, the injured worker was doing reasonably well. The injured worker continued to report pain symptoms in the right knee. There was intermittent giving way of the right knee. It was noted that the injured worker had been previously treated with a series of 3 injections to the right knee. Upon examination of the right knee, there was exquisite tenderness over the medial joint space. The provider recommended a right knee arthroscopy to include a meniscectomy, chondroplasty, synovectomy, possible lateral release, and possible removal of loose bodies. The injured worker would require medical clearance. Postoperative durable medical equipment, physical therapy, and medication were also requested. The provider indicated the injured worker would require transportation to and from the ambulatory surgery center. A Request for Authorization form was then submitted on 02/05/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy x 12 to the right knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): s 10 and 24-25.

**Decision rationale:** California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Physical medicine treatment following an arthroscopic meniscectomy includes 12 visits over 12 weeks. An initial 6 sessions of postoperative physical therapy would be supported. The current request for 12 sessions of postoperative physical therapy exceeds guideline recommendations. As such, the request is not medically necessary.

**Post-op acupuncture x 12 to the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 12 sessions of acupuncture exceeds guideline recommendations. Therefore, the request is not medically appropriate at this time.

**Associated surgical service: X-ray of the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 341-343.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The injured worker has been issued authorization for a right knee manipulation under anesthesia with arthroscopic meniscectomy. The medical necessity for a postoperative right knee x-ray has not been established. Imaging has not been adequately proven with regard to overall outcomes following surgery. The medical rationale was not provided within the documentation. Given the above, the request is not medically necessary.

**Associated surgical service: Transportation to and from surgery: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services Criteria Manual.

**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, Transportation.

**Decision rationale:** The Official Disability Guidelines recommend transportation for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self transport. In this case, there was no indication that this patient was lacking family support to provide transportation to and from the surgery center. There was also no mention of a contraindication to public transportation. Given the above, the request is not medically necessary.

**Associated surgical service: TENS unit with supplies x 5 month rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 116-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 114-117.

**Decision rationale:** California MTUS Guidelines state a postoperative TENS unit is recommended as a treatment option for acute postoperative pain in the first 30 days following surgery. The proposed necessity of the unit should be documented upon request and rental is preferred over purchase during a 30 day period. The current request for a 5 month rental exceeds guideline recommendations. As such, the request is not medically necessary.

**Associated surgical service: Cold/heat therapy unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Knee & Leg Chapter, Continuous flow cryotherapy.

**Decision rationale:** The Official Disability Guidelines recommend a continuous flow cryotherapy unit as an option after surgery. Postoperative use generally may be up to 7 days, including home use. The specific duration of treatment was not listed in the request. Therefore, the request is not medically necessary.

**Associated surgical service: Home knee exercise kit for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**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, Home exercise kit.

**Decision rationale:** The Official Disability Guidelines state home exercise kits are recommended as an option where home exercise programs are recommended. In this case, the injured worker has been issued authorization for arthroscopic surgery for the right knee. A postoperative course of physical therapy would be recommended prior to home exercises. There is no indication of the need for specialized equipment for this injured worker. The medical necessity has not been established. As such, the request is not medically appropriate.

**Associated surgical service: DVT compression pump with sleeve x 4 weeks 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.

**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.

**Decision rationale:** The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In this case, there is no indication that this injured worker is at high risk of developing a postoperative DVT. There was no mention of a contraindication to oral anticoagulation therapy as opposed to a motorized mechanical device. Given the above, the request is not medically appropriate.