

Case Number:	CM15-0068581		
Date Assigned:	04/16/2015	Date of Injury:	02/28/2014
Decision Date:	05/21/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/10/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 sustained an industrial injury on 2/28/2014. He reported right foot and left knee pain. Diagnoses include right foot plantar fasciitis and internal derangement of the left knee. Treatments to date include activity modification, medication therapy and physical therapy. Currently, he complained of left knee pain associated with popping and giving way rated 7-8/10 VAS. On 2/18/15, the physical examination documented a positive McMurray's sign with crepitation noted on range of motion. The plan of care included left knee arthroscopy with associated services including a micro cool unit for four weeks, pneumatic compressions device, and a home therapy kit for post-operative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Micro cool unit x 4 week rental post left knee surgery: 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 and Leg Chapter, Cryotherapy Section.

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

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option after knee surgery for 7 days. It reproduces pain, swelling, inflammation, and need for narcotics after surgery. Use beyond 7 days is not recommended. The request as stated is for 4 weeks rental of the micro-cool unit which is not supported by guidelines and as such, the medical necessity of the request has not been substantiated.

VeraPro pneumatic compression device purchase post left knee surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: With regard to pneumatic compression devices, ODG guidelines indicate that the game ready accelerated recovery system is a combination of continuous-flow cryotherapy with the use of vasocompression. While there are studies on continuous-flow cryotherapy, there are no published high-quality studies on the game ready device or any other combined system. As such, the use of pneumatic compression is not supported and the medical necessity is not established.

Home therapy kit for purchase post left knee surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: ODG guidelines recommend home exercise kits as part of a home exercise program after surgery. As such, the request is appropriate and the medical necessity is established.