MAXIMUS Federal Services

Case Number:	CM15-0075810		
Date Assigned:	04/27/2015	Date of Injury:	08/27/2013
Decision Date:	05/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/21/2015

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

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 52 year old man sustained an industrial injury on 8/27/2013 after falling when a tarp he was pulling ripped and he landed on his back and his knee hit a rock. Evaluations include right knee MRI dated 10/3/2013 and electromyogram dated 1/16/2014. Diagnoses include right knee osteochondral lesion, right knee degenerative joint disease, and right knee chondromalacia. Treatment has included oral medications chiropractic treatment, acupuncture, and steroid injection. Physician notes on a PR-2 dated 3/12/2015 show complaints of a right knee injury with lateral numbness and aching under the knee cap rated 8/10. Recommendations include surgical intervention including pre-operative clearance and laboratory studies, post-operative crutches, ice therapy cold compression therapy, physical therapy, DVT prophylaxis, and medications including Norco, Keflex, Ambien, and Zofran, prescription for Naproxen now, and follow up as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice therapy cold compression therapy for postoperative pain and swelling x 3 weeks rental:
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 ODG, Knee and Leg Chapter Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter Continuous flow cryotherapy, it is a recommended option after surgery but not for non-surgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, the request exceeds the recommended amount of days. Therefore, the determination is for non-certification. The request IS NOT medically necessary.

Physical therapy postoperative right knee 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is for non-certification. The request IS NOT medically necessary.

F/U PRN: 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 ODG Pain section, Office visits.

Decision rationale: CA MTUS/ACOEM is silent on office visits. According to the ODG Pain section, Office visits, Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with

eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the request to follow up as needed does not have specific rationale to support medical necessity. The patient will be seen postoperatively following knee arthroscopy per the E&M visit in the global period of 90 days. Therefore, the determination is for non-certification. The request IS NOT medically necessary.