

<b>Case Number:</b>	CM13-0014669		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured employee is a 69-year-old gentleman who states that he sustained a work-related injury on October 5, 2010. The injured employee was seen most recently on March 3, 2014 and complained of sharp episodic right knee pain rated at 3/10. There were also complains of night pain and stiffness although it is not stated whether this is the right or left knee. Current medications include Tramadol, Cartivisc and Cidaflex. There is a history of the right knee replacement performed on July 19, 2013 and a left knee surgery on an unknown date. The examination on this date noted tenderness and crepitus over the left knee. Range of motion of the left knee was from 10 to 120 degrees and the right knee from 0 to 120 degrees. There was slight weakness noted of the left knee extensors. There was a diagnosis of status post right knee replacement; status post left knee surgery secondary to osteoarthritis, left knee osteoarthritis, shortness of breath and intractable pain. Continued physical therapy was recommended, and the injured employee is pending a total left knee replacement as well as a right knee manipulation under anesthesia. Tramadol, Norco and Prilosec were prescribed. A utilization management review, performed on July 24, 2013, modified the use of a Q-Tech recovery system from 21 days to seven days and modified the request for knee continuous passive motion (CPM) pads from 30 days to 10 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**21 DAY RENTAL OF Q-TECH RECOVERY SYSTEM WITH WRAP:** 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 & LEG (ACUTE & CHRONIC), CONTINUOUS-FLOW CRYOTHERAPY, UPDATED JUNE 5, 2014.

**Decision rationale:** MTUS does not address. The Official Disability Guidelines states that a continuous flow cryotherapy unit, such as the one requested, is recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to seven days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic usage. However, extending that usage for 21 days has not been shown to be additionally beneficial. Therefore, this request for a 21 day rental of a Q Tech recovery system with wrap is not medically necessary.

**30 DAY RENTAL OF KNEE CONTINUOUS PASSIVE MOTION DEVICE WITH PADS:** 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) (ODG) KNEE & LEG (ACUTE & CHRONIC), CONTINUOUS PASSIVE MOTION (CPM), UPDATED JUNE 5, 2014.

**Decision rationale:** The Official Disability Guidelines recommend the usage of a continuous passive motion device for up to 10 days in the hospital setting and 17 days for home use for patients who are immobile and unable to bear weight. The request does not indicate if this is the right knee prior surgery or a proposed left knee future surgery. Regardless, there should be documentation that the injured employee is or would be immobile and unable to bear weight postoperatively. Additionally, usage is only recommended for 17 days rather than the 30 days requested. For these reasons, this request for a continuous passive motion device for 30 days is not medically necessary.