MAXIMUS Federal Services

Case Number:	CM13-0028053		
Date Assigned:	11/22/2013	Date of Injury:	08/02/2012
Decision Date:	01/29/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana, and Texas. 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 physician 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.

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 patient is a 57-year-old female who reported an injury on 08/02/2012 due to a trip and fall causing injury to her low back, left knee, and left ankle. The patient was initially treated with physical therapy and medications. The patient underwent an MRI that revealed evidence of a meniscal tear and mild arthritic changes to the medial patellofemoral compartments. The patient's most recent clinical exam findings included pain to her left knee, low back, and left ankle. Physical findings included sensory deficits, tenderness, and decreased range of motion. The patient's diagnoses included lumbosacral pain with bilateral lower extremities radiculopathy, left knee meniscal tear, and left ankle sprain/strain. The patient's treatment plan included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold contrast system (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Procedure.

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

Decision rationale: The request hot/cold contrast system (rental or purchase) is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is undergoing a meniscectomy. Official Disability Guidelines do recommend continuous flow cryotherapy for patients who are being treated postsurgically for up to 7 days. Although continuous flow cryotherapy may be an appropriate postsurgical intervention for this patient, the request as it is written does not specify whether the request is for a rental or a purchase. As Official Disability Guidelines only recommend the rental of this type of treatment for up to 7 days postsurgically, the hot/cold contrast system would not be indicated per the written request. As such, the requested hot/cold contrast system (rental or purchase) is not medically necessary or appropriate.

Post-operative knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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

Decision rationale: The requested postoperative knee brace is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is undergoing a meniscectomy of the left knee. However, Official Disability Guidelines recommend a knee brace in the presence of knee instability, ligament insufficiency, reconstructed ligaments or cartilage, failed total knee arthroplasty, high tibial osteotomy, or painful unicompartmental osteoarthritis, or a tibia plateau fracture. The clinical documentation submitted for review does provide evidence that the patient is undergoing a surgical intervention; however, there is no reconstructive surgery of ligaments or cartilage planned. Therefore, a postoperative knee brace would not be indicated. Official Disability Guidelines state, "Postoperative bracing did not protect against re-injury, decreased pain, or improved stability." As such, the requested postoperative knee brace is not medically necessary or appropriate

DVT max and pneumatic compression wraps (rental or 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) Knee and Leg Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Compression wraps and Durable Medical Equipment

Decision rationale: The requested DVT max and pneumatic compression wraps are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is undergoing surgical intervention of the left knee. Additionally, it is noted that the patient does have a history of hypertension which could put the

patient at risk for development of a DVT post surgically. However, Official Disability Guidelines recommend low levels of compression provided by stockings are an appropriate method of prevention of deep vein thrombosis. The clinical documentation submitted for review does not provide evidence to support the necessity of high levels of compression provided by this type of unit. Additionally, Official Disability Guidelines recommend the rental of durable medical equipment. The request as it is written does not specifically identify if this equipment is for rental or purchase. As such, the request for a DVT max and pneumatic compression wraps (rental or purchase) is not medically necessary or appropriate.

CPM machine/kit and sheepskin pad (rental or purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) -TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous Passive motion machines (CPM)

Decision rationale: The requested knee CPM machine/kit and sheepskin pad (rental or purchase) is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is schedule to undergo surgical intervention. However, Official Disability Guidelines recommend a continuous passive range of motion for a patient post surgically for up to 7 days following a total knee arthroplasty, complex regional pain syndrome, extensive arthrofibrosis or tendon fibrosis, or a documented inability to participate in active physical therapy. The clinical documentation submitted for review does not provide evidence that the patient is unable to participate in active physical therapy post surgically. There are no physical, mental, or behavioral deficits noted that would preclude a positive outcome from postsurgical active therapy. Therefore, a continuous passive motion device would not be indicated. As such, the requested CPM machine/kit and sheepskin pad (rental or purchase) is not medically necessary or appropriate

ComboStim 4 unit and supplies (rental or purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116.

Decision rationale: The requested comboStim 4 unit and supplies (rental or purchase) is not medically necessary or appropriate. The patient is scheduled for left knee surgery. California Medical Treatment Utilization Schedule recommends this as a postsurgical treatment option for pain in the first 30 days post surgically. Although this type of equipment may be indicated for this patient, the request as it is written does not specifically identify if this is for rental or for purchase. California Medical Treatment Utilization Schedule recommends the use of a TENS unit in the postsurgical management of a patient be limited to 30 days. As the rental of this unit

may be indicated, the request as it is written does not clearly identify whether this is for rental or purchase. As such, the requested comboStim 4 unit and supplies (rental or purchase) is not medically necessary or appropriate.