

<b>Case Number:</b>	CM13-0032465		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/09/2003
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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. 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 claimant has a history of a right Total Knee Arthroplasty (TKA) on March 4, 2013 and subsequent development of knee stiffness. There was reported a slow recovery following surgery on March 4, 2013. Furthermore, per July 8, 2013 physician note the patient indicates a history of not only a lack of significant range of motion of the right knee, as well as persistent weakness and difficulties with weight bearing intolerance, but he has also noted substantial swelling in the right lower extremity, including a history of continued pitting edema and warmth to touch over the surgical area and distal lower extremity. The patient is to undergo manipulation under anesthesia. The request for post-operative knee continuous passive motion (CPM) machine for 30 days, VascuTherm cold compression unit rental for 10 days and leg wraps were denied and being addressed again in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**rental of a Knee continuous passive motion (CPM) machine for 30 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary and the Blue Cross of California Policy: Continuous Passive Motion Devices.

**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 passive motion (CPM).

**Decision rationale:** The ODG guidelines state that CPM is recommended: For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight:(1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a)complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either is okay if number 1 applies. The request for a Knee CPM machine rental for 30 days exceeds the ODG recommended post operative usage; therefore the request is not medically necessary and appropriate.

**rental of a VascuTherm Cold Compression unit for 10 days:** 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: Continuous-flow cryotherapy and the Antithrombotic Therapy and Prevention of Thrombosis, 9th Ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines, February 2012.

**Decision rationale:** The VascuTherm is a Compression and Localized Thermal (hot and cold) Therapy Device with deep vein thrombosis (DVT) Prophylaxis. The ODG recommends continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Per guidelines postoperative use generally may be up to 7 days, including home use. Additionally, manipulation under anesthesia is not a procedure that typically needs post operative DVT prophylaxis. There is no documentation that patient will not be mobile or has any conditions that warrant post operative DVT prophylaxis. Therefore the rental of a VascuTherm Cold Compression unit for 10 days is not medically necessary and appropriate.

**purchase of one (1) leg 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: Continuous flow cryotherapy, and the Antithrombotic Therapy and Prevention of Thrombosis, 9th Ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines, February 2012.

**Decision rationale:** The ODG recommends continuous flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Additionally, manipulation under anesthesia is not mentioned as an orthopedic procedure that typically uses DVT prophylaxis. Also the leg wrap would accompany the VascuTherm compression unit which was deemed not medically necessary as a rental for 10 days on this review. Therefore the request for the purchase of one (1) leg wrap is not medically necessary and appropriate.