

Case Number:	CM13-0039728		
Date Assigned:	01/31/2014	Date of Injury:	07/16/2012
Decision Date:	05/07/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/08/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 51-year-old gentleman who was injured in a work related accident on July 16, 2012. The request for this review is for a DME Q-Tech Recovery System, a combination heat/cold/compressive and DVT protective device for use in the postoperative setting. The prescription for the device was written on September 16, 2013 and was noted for the surgical process that was performed on September 20, 2013 for a right ankle arthroscopy with intraarticular removal of spurs and scar tissue. The claimant was also treated postoperatively with a CPM device. The remainder of the clinical records provided for review were not pertinent to this request for postoperative use of the combination therapy device.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-Q-TECH RECOVERY SYSTEM (HEAT, COLD, COMPRESSION, DVT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE

Decision rationale: The CA MTUS and ACOEM Guidelines do not address this request. Based upon the Official Disability Guidelines, the request for combination therapy/heat/cold/compressive and DVT device cannot be recommended as medically necessary. The Official Disability Guidelines clearly indicate that the use of combination therapy devices have no high published quality studies indicating their benefit or supportive use in the postoperative course of care. This specific request following the claimant's ankle procedure would not be supported as necessary.