

Case Number:	CM13-0042067		
Date Assigned:	12/27/2013	Date of Injury:	05/30/2008
Decision Date:	04/24/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/16/2013

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 has a subspecialty in Pain Management 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:

This is a patient with a date of injury of May 30, 2008. A utilization review determination dated October 2, 2013 recommends noncertification of Q tech recovery system 21 day rental with wraps left knee. Noncertification is recommended due to a lack of high-quality studies supporting the use of this device. A progress report dated January 6, 2014 includes subjective complaints of lower back pain and right and left knee pain. The note indicates that the patient had one cortisone injection in the left knee, and has had to left knee surgeries including one in 2009 and one in 2013. Physical examination identifies crepitus in both knees with limited range of motion. Diagnoses include status post left knee medial and lateral meniscectomy in 2009 and on September 6, 2013, lumbar spine herniated nucleus pulposus, bilateral knee osteoarthritis, right knee lateral meniscus tear, and left lower extremity radiculopathy. The current treatment plan recommends physical therapy for the lumbar spine and both knees, refilling oral medication, performing a urine toxicity screen, and awaiting authorization for right knee surgery. A progress report dated June 10, 2013 recommends bilateral knee arthroscopy medial meniscus repair/debridement surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 21 DAY RENTAL OF A Q-TECH RECOVERY SYSTEM WITH WRAPS FOR THE LEFT KNEE: 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)

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, COMPRESSION GARMENTS, KNEE CHAPTER, CONTINUOUS-FLOW CRYOTHERAPY

Decision rationale: Regarding the request for 21 Day Rental of a Q-TECH Recovery System With Wraps for the Left Knee (Cryotherapy with compression), California MTUS does not address the issue. ODG supports the use of continuous-flow cryotherapy for up to 7 days after knee surgery. ODG states that compression garments are recommended. Low levels of compression are effective in the management of telangiectasia's after sclerotherapy, varicose veins in pregnancy, and the prevention of edema and deep vein thrombosis. High-level compression is effective at healing ulcers and preventing progression of post thrombotic syndrome as well as in the management of lymphedema. Within the documentation available for review, it appears that surgery has been performed and an additional surgery is being requested. However, guidelines do not support the use of postoperative continuous flow cryotherapy for 21 days, and there is no provision to modify the current request. Additionally, there is no indication that the patient has any of the above diagnoses, or is it an increased risk of deep vein thrombosis, to support the use of compression therapy. In light of the above issues, the currently requested 21 DAY RENTAL OF A Q-TECH RECOVERY SYSTEM WITH WRAPS FOR THE LEFT KNEE is not medically necessary.