

<b>Case Number:</b>	CM13-0043564		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/19/2005
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 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 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 patient is a 51-year-old male who reported an injury on 12/19/2005. The patient is diagnosed with pain in the joint of the lower leg, chondromalacia of the patella, and a knee sprain. The patient is also status post right knee arthroscopic subtotal medial meniscectomy with synovectomy and placement of a pain pump on 09/13/2013. The patient was seen by [REDACTED] on 09/12/2013. The physical examination was not provided. The treatment recommendations included a pair of crutches, an on-Q programmable pain pump, a Q-Tech cold therapy recovery system, a knee CPM unit, and an optimum home rehabilitation kit to reduce pain and edema and improve activities of daily living following surgical repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 day use of programmable pain pump: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery Systems Section Page(s): 52-54.

**Decision rationale:** The California MTUS Guidelines state indications for implantable drug delivery systems include primary liver cancer, metastatic colorectal cancer with metastasis, head

or neck cancers, or severe, refractor spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral medication. Implantable drug delivery systems are only recommended as an end-stage treatment alternative for selected patients for specific conditions. As per the clinical documentation submitted, there is no evidence that this patient maintains any of the above listed conditions or diagnoses to meet criteria as outlined by California MTUS Guidelines. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.

**30 day rental of continuous passive motion for the right knee with pads: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

**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 Chapter, Continuous Passive Motion.

**Decision rationale:** The Official Disability Guidelines state continuous passive motion is indicated for home use up to 17 days after surgery while patients at risk of a stiff knee or immobile or unable to bear weight. There is no documentation that this patient will be unable to bear weight following surgery. Additionally, the current request for a 30 day rental of a CPM unit exceeds guideline recommendations. As such, the request is non-certified.

**21 day rental of Q-Tech DVT prevention system: 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 & Leg Chapter (Acute & Chronic).

**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 Chapter, Venous Thrombosis.

**Decision rationale:** The Official Disability Guidelines state patients with a suspected deep vein thrombosis are investigated with ultrasonography. There is no evidence that mechanical methods reduce the risk of DVT or the main threat of pulmonary embolism. Stockings are recommended for prevention of venous thromboembolism, except in stroke patients. There is no documentation that this patient is at increased risk of developing a postoperative deep vein thrombosis. There is also no evidence that other alternatives and more appropriate treatments are non-applicable in this case. Based on the clinical information received, the request is non-certified.

**21 day rental on Q-Tech cold therapy recovery system with wrap: 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 & Leg Chapter (Acute & Chronic).

**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 Chapter, Continuous Flow Cryotherapy.

**Decision rationale:** The Official Disability Guidelines state continuous-flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days including home use. The current request for a 21 days rental of a cold therapy unit exceeds guideline recommendations. Therefore, the request is non-certified.

**Optimum home rehab kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338.

**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 Chapter, Durable Medical Equipment, Home Exercise Kits.

**Decision rationale:** The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Home exercise kits are recommended as an option. As per the clinical documentation submitted, the patient is status post right knee arthroscopic subtotal medial meniscectomy with synovectomy on 09/13/2013. Guidelines do recommend a postoperative course of physical therapy with proper instruction in a home exercise program. The medical rationale for a home rehabilitation kit as opposed to skilled physical medicine treatment postoperatively has not been provided. Based on the clinical information received, the request is non-certified.