

Case Number:	CM13-0048388		
Date Assigned:	12/27/2013	Date of Injury:	01/24/2012
Decision Date:	07/14/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/05/2013

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 and is licensed to practice in Alabama. 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 patient is a 59 year old female who was injured on 01/24/2012. The mechanism of injury is unknown. The patient complained of achy, sharp right back associated with repetitive standing, walking, climbing stairs and bending. Prior treatment history has included brace and injections. The patient underwent right knee arthroscopy; partial medial meniscectomy, partial lateral meniscectomy, partial synovectomy of the patellofemoral compartment, partial synovectomy medial knee compartment, partial synovectomy lateral knee compartment, chondroplasty patella, chondroplasty intercondylar groove , chondroplasty lateral femoral condyle, chondroplasty lateral tibia plateau, chondroplasty femoral condyle 10/11/2013. A progress report dated 11/07/2013 documented on examination of the right knee, there is mild diffuse swelling. Motor exam is 4/5 and extension is 0 and flexion is 130/140. There was +3 tenderness to palpation of the anterior knee, lateral knee and medial knee. McMurray's sign was positive. A Prior utilization review dated 10/23/2013 states the request for Q-Tech therapy rental, q-tech DVT prevention system rental with universal therapy wrap, half leg wrap, pro ROM (post op knee brace) purchase is not medically necessary as there was no documentation provided to support the necessity of these request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-TECH COLD THERAPY RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Continuous-flow cryotherapy.

Decision rationale: The CA MTUS guidelines do not discuss the issue in dispute. As per ODG, "there is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT." The medical records document that the patient is not at a heightened risk for DVT than the general population and costly compression devices have not proven to be more beneficial. Based on the ODG and criteria as well as the clinical documentation stated above, the request is not medically necessary and appropriate.

Q-TECH DVT PREVENTION SYSTEM RENTAL WITH UNIVERSAL WRAP, HALF LEG WRAP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute. As per ODG, "there is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT." The medical records document that the patient is not at a heightened risk for DVT than the general population and costly compression devices have not proven to be more beneficial. Based on the ODG and criteria as well as the clinical documentation stated above, the request is not medically necessary and appropriate.

PRO ROM (POST-OP KNEE BRACE) FOR 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 & Leg, Knee brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee brace.

Decision rationale: As per ACOEM guidelines, a short period of immobilization after an acute injury to relieve symptoms is recommended as well as functional bracing as part of a rehabilitation program. In this case, this patient had right knee arthroscopy on 10/11/2013 and the request is for post-op knee brace. However, as per the ODG, postoperative bracing did not protect against repeat injury, decrease pain, or improve stability. Additionally, there is no documentation of presence of knee instability/ligamentous insufficiency or meniscal cartilage repair. Thus, based on the ODG and criteria as well as the clinical documentation stated above, the request is not medically necessary.