

Case Number:	CM13-0057632		
Date Assigned:	12/30/2013	Date of Injury:	10/09/2006
Decision Date:	03/31/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 67 year old male who reported an injury on 10/08/2000. The mechanism of injury was not specifically stated. The patient is diagnosed with cervical disc syndrome, low back syndrome, lumbar disc syndrome, medial meniscal tear, and right knee osteoarthritis/degenerative joint disease. The patient was seen by [REDACTED] on 08/26/2013. The patient reported persistent pain in the neck, lower back, and right knee. Physical examination revealed tenderness to palpation over the medial and lateral joint line of the right knee, moderately diminished range of motion, crepitus, positive patellofemoral grind testing, effusion, and positive McMurray's testing. The patient was scheduled for a right total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

QTech Deep Vein Thrombosis (DVT) Prevention system for 35 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index 9th Edition, Web 2011 and evidence-based compression prevention of stasis Deep Vein Thrombosis (DVT), of an article by Annals of Surgery 2004, February 239-2, pages, 162-171.

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: Official Disability Guidelines recommend identifying patients who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Aspirin may be the most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery. As per the documentation submitted, there is no evidence of this patient's high risk of developing venous thrombosis postoperatively. There is no evidence of a contraindication to oral anticoagulation therapy as opposed to a motorized unit. The medical necessity has not been established. Therefore, the request is non-certified.

Cold Therapy Unit for 35 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 & Leg Chapter, Continuous Flow Cryotherapy.

Decision rationale: Official Disability Guidelines state continuous flow cryotherapy is recommended as an option after surgery, for up to 7 days including home use. The request for a cold therapy unit of 35 days exceeds guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

Universal Therapy 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 & Leg Chapter, Venous Thrombosis.

Decision rationale: Official Disability Guidelines recommend identifying patients who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Aspirin may be the most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery. As per the documentation submitted, there is no evidence of this patient's high risk of developing venous thrombosis postoperatively. There is no evidence of a contraindication to oral anticoagulation therapy as opposed to a motorized unit. The medical necessity has not been established. Therefore, the request is non-certified.

Half Leg Wrap purchase x2: 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 & Leg Chapter, Venous Thrombosis.

Decision rationale: Official Disability Guidelines recommend identifying patients who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Aspirin may be the most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery. As per the documentation submitted, there is no evidence of this patient's high risk of developing venous thrombosis postoperatively. There is no evidence of a contraindication to oral anticoagulation therapy as opposed to a motorized unit. The medical necessity has not been established. Therefore, the request is non-certified.

Knee CPM Rental for 30 days: 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 Chapter, Continuous Passive Motion.

Decision rationale: Official Disability Guidelines state continuous passive motion 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. The patient does not appear to meet criteria for the requested durable medical equipment. Additionally, the request for a 30 day use of a continuous passive motion device exceeds guideline recommendations. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.