

Case Number:	CM13-0060508		
Date Assigned:	12/30/2013	Date of Injury:	11/20/2006
Decision Date:	06/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 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 injured worker is a 59-year-old female who reported an injury on 11/20/2006. The mechanism of injury was not provided. The documentation of 10/30/2013 revealed the injured worker was scheduled to undergo a right knee total replacement and the request was made for a [REDACTED] cold therapy recovery system, a [REDACTED] DVT prevention system, and an [REDACTED] Stimulator. The diagnosis was pain in joint. The patient subsequently underwent a right total knee replacement, posterior flexion contracture release, and a synovectomy on 11/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] COLD THERAPY RECOVERY SYSTEM WITH WRAP- THIRTY FIVE (35) DAY TRIAL: 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 and Leg Chapter, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is appropriate treatment for up to 7 days postoperatively. The clinical documentation indicated the injured worker underwent a right knee replacement. There was a lack of documented rationale for 35 days for a [REDACTED] cold therapy recovery system. Given the above, the request would be excessive and therefore, the request for a [REDACTED] cold therapy recovery system with wrap, 35 day trial is not medically necessary.

[REDACTED] STIMULATOR, PLUS THREE MONTHS SUPPLIES, CONDUCTIVE GARMENT X2, PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 116.

Decision rationale: The California MTUS guidelines indicate that a TENS unit is recommended as a treatment option for acute postoperative pain in the first 30 days post-surgery and that a form fitting TENS device is considered only medically necessary when there is documentation there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment. The clinical documentation indicated the injured worker underwent a total knee replacement. The request for the TENS unit for 30 days would be supported. It failed to indicate the injured worker had such a large area that could not be treated with a conventional system. As such the conductive garment would not be supported. The request as submitted failed to indicate the duration for use of the [REDACTED] Stimulator. The supplies were requested for 3 months. Three months would be considered excessive. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for an [REDACTED] Stimulator plus 3 months supplies, conductive garment times 2 (purchase) is not medically necessary.

[REDACTED] DVT PREVENTION SYSTEM FOR HOME USE UP TO TWENTY ONE 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), Knee & Leg Chapter.

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 recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The clinical documentation submitted for review failed to indicate the injured worker had been assessed for risk. There was a lack of documentation indicating the injured worker was at high risk for DVT. There was a lack of

documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for [REDACTED] DVT prevention system for home use, up to 21 days is not medically necessary.