

<b>Case Number:</b>	CM13-0062518		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	04/09/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Medicine 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 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 58 year old male who reported an injury on 04/09/2011 due to a slip and twist, of the left knee. The injured worker complained of constant pain in the left knee. On 03/05/2014, the physical examination revealed that the injured worker walked with a normal gait. He had lateral joint line tenderness. His range of motion was normal at both extension and flexion. There was no pain on forced flexion or extension of the left knee. The injured worker had an MRI of the left knee. The injured worker had diagnoses of work related injury, left knee, status post operative arthroscopy x2, partial medial meniscectomy and lateral meniscectomy with chondroplasty, re-arthroscopy with medial meniscectomy and chondroplasty, and osteoarthritis of the left knee. A list of the injured worker's current medications was not provided. On 10/29/2013, the injured worker had an arthroscopy and a re-arthroscopy the same day due to complications. His previous treatment methods included medication and physical therapy. There was no Request for Authorization Form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOT/COLD CONTRAST SYSTEM - 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, Continuous-flow cryotherapy.

**Decision rationale:** The injured worker had a history of pain to the left knee. The Official Disability Guidelines state that cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. It also states, for postoperative use, up to 7 days are recommended, including home use. The injured worker had an arthroscopy on 10/29/2013. There was no rationale provided to justify the need for this request at this time. There is no documentation indicating the injured worker is scheduled to undergo surgical intervention in the near future. In addition, the 30 day rental exceeds the guideline recommendations. As such, the request is not medically necessary and appropriate.

**DEEP VEIN THROMBOSIS (DVT) MAX PNEUMATIC COMPRESSION WRAPS - 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, Vasopneumatic devices (wound healing).

**Decision rationale:** The injured worker had a history of pain to the left knee. The Official Disability Guidelines state that vasopneumatic compression is recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after acute injury. There is no rationale or documentation provided that would indicate the need for this request at this time. The injured worker had an arthroscopy on 10/29/2013. There is no documentation indicating the injured worker is scheduled to undergo surgical intervention in the near future. Given the above, the request for deep vein thrombosis (DVT) max pneumatic compression wraps - rental for 30 days is not medically necessary and appropriate.

**CONTINUOUS PASSIVE MOTION (CPM)- RENTAL FOR 21 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, Continuous passive motion (CPM).

**Decision rationale:** The injured worker had a history of left knee pain. The Official Disability Guidelines state that CPM machines are recommended for up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight. The injured worker had a left knee arthroscopy on 10/29/2013, and there is no rationale or documentation provided to

indicate why this request would be needed at this time. There is no documentation indicating the injured worker is scheduled to undergo surgical intervention in the near future. In addition, the 21 day rental would exceed the ODG recommendations. Given the above, the request for continuous passive motion (CPM) - rental for 21 days is not medically necessary and appropriate.