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| Case Number: | CM13-0067901 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 12/27/2001 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 11/21/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

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 & Rehabilitation 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 69-year-old female who reported an injury on 12/27/2001. The mechanism of injury was not provided. The injured worker was approved for a right knee total replacement with 3 days inpatient stay. The diagnosis was localized primary osteoarthritis in the leg. The treatment plan included an X-Force stimulator unit with 3 months of supplies, a conductive garment, and Q-Tech recovery system for cold therapy and DVT prevention for 35 days for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-FORCE STIMULATOR UNIT, PLUS 3 MONTH SUPPLIES AND CONDUCTIVE GARMENT (2): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS unit, Page(s): 114-116.

Decision rationale: The California MTUS Guidelines recommend treatment with a TENS unit postoperatively for the first 30 days. The guidelines do not recommend a formfitting TENS device unless it is medically necessary and there is documentation there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment. The clinical

documentation submitted for review indicated the request for the X-Force stimulator was for purchase to receive beneficial results. However, the use of a TENS unit is supported for the first 30 days post-operatively. The request as submitted failed to indicate whether the X-Force stimulator unit was for purchase or rental. The request for 3-month supplies and conductive garments would not be supported as the request for the X-Force stimulator unit was not supported. Given the above, the request for X-Force stimulator, plus 3 months' supplies and conductive garments (2) is not medically necessary.

KNEE CPM WITH PADS 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), 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 & Leg Chapter, Continuous Passive Motion, Deep vein thrombosis.

Decision rationale: The Official Disability Guidelines indicate that a continuous passive motion device is appropriate for 7 days postoperatively. The requested surgery was approved and this request would be supported for 7 days. However, there was lack of documentation indicating duration of care being requested. The Official Disability Guidelines indicate that identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy is appropriate for the prevention of venous thrombosis. There was a lack of documentation indicating a necessity for a DVT prevention system. There was a lack of documentation including a risk assessment. This request would not be supported. Additionally, the request failed to indicate the duration of use and it failed to indicate whether the use was for rental or purchase. Given the above, the request for knee CPM with pads Q-Tech DVT prevention system is not medically necessary.