

<b>Case Number:</b>	CM14-0004844		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 California. 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 male who reported an injury on 04/18/2012 due to a slip and fall injury. The injured worker's diagnoses include degenerative joint disease and status post arthroscopy on 02/27/2013. His past treatments included physical therapy and tramadol for pain. Submitted diagnostic studies include a magnetic resonance imaging of the right knee on 07/09/2013. On 11/12/2013, the injured worker continued to complain of pain over the right knee and he stated that he was awaiting total knee arthroplasty. He also stated that medications only give him temporary relief. The examination of the right knee revealed tenderness to palpation over the medial joint line with a positive McMurray's test. The treatment plan was for a total knee arthroplasty and postoperative treatment including deep vein thrombosis compression system for sixty days, continuous passive motion machine, and hot/cold unit. The rationale for the deep vein thrombosis compression system for sixty days was to help control pain and inflammation and increase circulation, and to be used in conjunction with the injured worker's physical therapy program. The rationale for the continuous passive motion machine was to reduce scar tissue and accelerate recovery time by significantly reducing joint stiffness and increasing the range of motion. The rationale for the hot/cold unit was that it is preferred over simple ice and heat packs for the additional benefits of compression as well as increased patient compliance and the regulation of temperature to prevent over icing or over heating which can cause tissue damage and delays in functional restoration. No request for authorization was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deep Vein Thrombosis (DVT) compression system for 60 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), Treatment Index, 11th Edition (Web), 2013, Knee And Leg Chapter, Compression Garments.

**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:** The request for deep vein thrombosis compression system for sixty days is not medically necessary. The Official Disability Guidelines state that low levels of compression applied by stockings are effective in the prevention of edema and deep vein thrombosis (DVT). The clinical documentation indicates that the injured worker was recommended for total knee arthroplasty and the deep vein thrombosis compression system was requested for postoperative use. However, the injured worker was not shown to have increased risk or exceptional factors to warrant use of a compression unit over standard compression stockings, which the guidelines indicate have been shown to be effective in the prevention of deep vein thrombosis. Additionally, the documentation did not indicate that the injured worker had undergone or been approved for the recommended surgery. In the absence of documentation showing the recommended surgery had been approved or performed, as well as details regarding why the injured worker requires additional compression over that applied with stockings, the request is not supported. As such, the request for deep vein thrombosis compression system for sixty days is not medically necessary.

**Continuous Passive Motion (CPM) machine: 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), Treatment Index, 11th Edition (Web), 2013, Knee And Leg Chapter, Hot/Cold Unit.

**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 request for continuous passive motion machine is not medically necessary. The Official Disability Guidelines state that home use of a continuous passive motion device may be supported, up to 17 days following a total knee arthroplasty, while patients at risk of a stiff knee are immobile or unable to bear weight due to low postoperative mobility or inability to comply with rehabilitation exercises or revision. The guidelines specify that this may include patients with complex regional pain syndrome; extensive arthrofibrosis or tendon fibrosis; or physical, mental, or behavioral inability to participate in active physical therapy. The clinical documentation indicates that the injured worker was recommended for total knee arthroplasty and the continuous passive motion device was requested for postoperative use. However, the injured worker was not shown to have significant comorbidities or risk for low

postoperative mobility or inability to comply with rehabilitation exercises or revision. Additionally, the documentation did not indicate that the injured worker had undergone or been approved for the recommended surgery. In the absence of documentation showing the recommended surgery had been approved or performed, as well as details regarding the injured worker's risk for low postoperative mobility or inability to comply with rehabilitation exercises, the request is not supported. Furthermore, the request did not specify the duration of use. As such, the request for continuous passive motion machine is not medically necessary.

**Hot/Cold unit:** 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), TREATMENT INDEX, 11TH EDITION (WEB), 2013, KNEE AND LEG CHAPTER, HOT/COLD UNIT.

**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, Continuous-flow cryotherapy.

**Decision rationale:** The request for hot/cold unit is not medically necessary. The Official Disability Guidelines state that continuous flow cryotherapy may be supported for postoperative use, up to 7 days. The clinical documentation indicates that the injured worker was recommended for total knee arthroplasty and the hot/cold device was requested for postoperative use. Therefore, while 7 days of use of the requested device would be supported after surgery, the documentation did not indicate that the injured worker had undergone or been approved for the recommended surgery. In the absence of documentation showing the recommended surgery had been approved or performed, the request is not supported. Furthermore, the request did not specify the duration of use. As such, the request for hot/cold unit is not medically necessary.