

Case Number:	CM14-0006973		
Date Assigned:	02/07/2014	Date of Injury:	10/28/2005
Decision Date:	07/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine, 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 patient is a 43-year-old male who has submitted a claim for Medial Meniscus Tear, Shoulder Derangement, and Lumbosacral Neuritis associated with an industrial injury date of October 28, 2005. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of frequent left knee pain, rated 5, accompanied by feeling of giving out and clicking. He also complained of constant low back pain radiating to both legs associated with numbness and tingling. He also had constant bilateral shoulder pain, rated 7, radiating to the neck and bilateral wrist pain, rated 5, with numbness and tingling. On physical examination, the patient had a slow guarded gait. There was tenderness of the wrists, cervical spine, trapezius muscles, and left knee. Straight leg raise test was positive bilaterally, left greater than the right. Tinel's, Phalen's, and Durkan's signs were positive on both wrists. Treatment to date has included medications, physical therapy, aqua therapy, psychotherapy, right carpal tunnel release, lumbar epidural steroid injections, lumbar brace, spinal cord stimulator placement and removal, L5-S1 decompression and fusion, L5-S1 hardware injection, revision lumbar decompression and hardware removal, bilateral Hyalgan steroid knee injection, and left knee arthroscopy with partial medial and lateral meniscectomy with chondroplasty of the patellar facet and medial femoral condyle (October 3, 2013). Utilization review from December 21, 2013 denied the request for RETROSPECTIVE - Q TECH DVT PREVENTION SYSTEM TO 35 DAYS S/P SURGERY, FOR HOME USE; RETROSPECTIVE - Q TECH COLD THERAPY RECOVERY SYSTEM WITH UNIVERSAL THERAPY WRAP AND HALF LEG WRAP x 1, UP TO 35 DAYS S/P SURGERY, FOR HOME USE; and RETROSPECTIVE - X FORCE STIMULATOR UNIT, PLUS 3 MONTHS SUPPLIES, CONDUCTIVE GARMENT. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE - Q TECH DVT PREVENTION SYSTEM TO 35 DAYS S/P SURGERY, FOR HOME USE: 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.

Decision rationale: The California MTUS does not specifically address venous thrombosis prophylaxis, so the Official Disability Guidelines (ODG) were used instead. The ODG states that it is recommended to identify subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Current evidence suggests that prophylaxis is needed for inpatients undergoing many orthopedic procedures and should be given for at least seven to ten days. However, the ODG states that although mechanical methods reduces the risk of DVT, there is no evidence that they reduce the main threat, the risk of pulmonary embolism or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. In this case, the medical records stated that the Q-Tech DVT prevention system uses cold therapy to combat pain and swelling after surgery. However, guidelines are silent regarding the use of cold therapy for DVT prophylaxis. There was also no rationale provided as to why a cold therapy system was prescribed when pharmacologic methods or other recommended devices such as compression garments and vasopneumatic devices could have been used for DVT prophylaxis. Therefore, the request is not medically necessary.

RETROSPECTIVE - Q TECH COLD THERAPY RECOVERY SYSTEM WITH UNIVERSAL THERAPY WRAP AND HALF LEG WRAP x 1, UP TO 35 DAYS S/P SURGERY, FOR HOME USE: 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 Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The California MTUS does not specifically address venous thrombosis prophylaxis, so the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of hot/ice machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, the medical records stated that the Q-Tech cold therapy recovery system uses cold therapy to combat pain and swelling after surgery. However, there was no rationale provided as to why a cold therapy unit was prescribed when

standard cryotherapy using ice packs could have been used instead. Therefore, the request is not medically necessary.

RETROSPECTIVE - X FORCE STIMULATOR UNIT, PLUS 3 MONTHS SUPPLIES, CONDUCTIVE GARMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-117.

Decision rationale: According to pages 116-117 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. The proposed necessity of the unit should be documented upon request and rental would be preferred over purchase. In this case, the medical records stated that the request was for a minimum 30-day trial. The records further stated that the X-Force Stimulator uses electronic impulses in the form of TENS and TENS for joint stimulation to combat pain and swelling. However, the documentation failed to indicate the specific duration of use of the device. Furthermore, neither the medical records nor the present request specified whether the request was for rental or for purchase. There was also no rationale provided as to why three months worth of supplies was requested. Therefore, the request is not medically necessary.