MAXIMUS Federal Services

Case Number:	CM14-0101334		
Date Assigned:	07/30/2014	Date of Injury:	04/08/2011
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/01/2014

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 Illinois. 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 55-year-old male who reported an injury on 04/08/2011. The prior treatments included a left shoulder surgery and a right knee total replacement. The mechanism of injury was cumulative trauma. The injured worker underwent MRIs. The documentation of 05/22/2014 revealed a request for an X-Force stimulator, a lumbar pneumatic brace, and durable medical equipment, including a Pro wrist support. The diagnosis included sprains and strains of unspecified site of back. There was a Request for Authorization for a Q-Tech Cold Therapy Recovery System with wrap and a Q-Tech DVT Prevention system on 05/22/2014. The documentation indicated the rationale was the Q-Tech Cold Therapy Recovery System was to combat pain and swelling. The request for the DVT Prevention System was for injured worker's use up to 21 days after surgery to combat pain and swelling. The documentation indicated the injured worker was scheduled to undergo a left knee arthroscopy. There was a Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Q-Tech Cold therapy recovery 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): Knee& leg (Acute& Chronic).

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.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended for 7 days postoperatively. There was a lack of documentation indicating whether the injured worker was approved for the surgical intervention. The request as submitted failed to indicate the quantity of days being requested and whether the unit was for rental or purchase. Given the above and the lack of clarification, the request for 1 Q-Tech Cold Therapy Recovery System is not medically necessary.

1 Q Tech DVT (deep vein thrombosis) 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): Knee & Leg (Acute & Chronic.

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.

Decision rationale: The Official Disability Guidelines indicate that injured workers should be identified who are at high risk of developing venous thrombosis. They should be provided prophylactic measures, such as consideration for anticoagulation therapy. Additionally, the Official Disability Guidelines recommend the use of compression stockings for the prophylactic treatment of venous thrombosis. The clinical documentation submitted for review failed to indicate the injured worker had been identified as being at high risk of developing venous thrombosis. There was a lack of documentation indicating the surgical procedure had been approved. The request as submitted failed to indicate the duration of use and whether the unit was for rental or purchase. Given the above, the request for 1 Q-Tech DVT (deep vein thrombosis) Prevention System is not medically necessary.