

Case Number:	CM14-0105672		
Date Assigned:	07/30/2014	Date of Injury:	05/14/2012
Decision Date:	09/24/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 61 year old male presenting with chronic pain following a work related injury on 05/14/2012. On 05/27/2014, the claimant complained of right knee pain as well as difficulty descending the stairs. The physical exam showed full range of motion of the right knee, tenderness along the medial joint line, collateral ligaments are intact and anterior and posterior drawer tests are negative. X-ray of the right knee revealed irregularity of the medial femoral condyle with narrowing of the medial compartment. The provider ordered medial unicompartment arthroplasty. The claimant has tried knee brace, activity modifications right knee arthroscopy, partial medial and lateral menisectomy with patellar chondroplasty, synvisc injection and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm DVT (deep vein thrombosis) rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Complaints, Treatment Consideration.

Decision rationale: Per ODG, continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. In the post-operative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic usage; however, the effect on more frequency treated acute injuries has not been fully evaluated. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. Risk for venous thrombosis is higher in those with leg injury combined with family history of venous thrombosis (12-fold risk), Factor V Leiden mutation (50-fold risk), or Factor II 20210A mutation (9-fold risk). There is no indication for Vascutherm DVT rental; therefore the request is not medically necessary.

CPM rental for the right knee (28 day request). Front wheeled walker - purchase, Shower Chair- purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare CMS on DME.

Decision rationale: Per MTUS guidelines page 99 on mobility devices "Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices." A front wheel walker with seat cushion purchase would not encourage mobility like a cane or conventional walker without a cane. Additionally, shower chair is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not serve a medical purpose and are primarily used for convenience in the home; therefore the request is not medically necessary.