

<b>Case Number:</b>	CM14-0012048		
<b>Date Assigned:</b>	05/30/2014	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Internal Medicine, and is licensed to practice in California, North Carolina, Colorado, and Kentucky. 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 44 year old female whose date of injury is 01/23/2012. The injured worker slipped and fell on a wet floor. The injured worker underwent right knee arthroscopy with partial lateral meniscectomy on 11/22/13. Follow up note dated 12/05/13 indicates that the injured worker is to begin postoperative physical therapy. She complains of mild postoperative pain to the right knee. Follow up note dated 01/02/14 indicates that range of motion of the right knee is 0-120 degrees. McMurray's is positive on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Q-TECH DVT PREVENTION SYSTEM RENTAL X35 DAYS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter, Venous Thrombosis.

**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 Chapter, Venous Thrombosis.

**Decision rationale:** Based on the clinical information provided, the request for Q-tech DVT prevention system rental x 35 days is not recommended as medically necessary. The injured worker underwent right knee arthroscopy on 11/22/13. There is no documentation that the

patient had/has a deep vein thrombosis (DVT) or that the injured worker is at risk for DVT. There is no clear rationale provided to support the request at this time. Therefore, the Official Disability Guidelines (ODG) criteria are not met, and the request is not medically necessary.

**CRUTCHES PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

**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 Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** Based on the clinical information provided, the request for crutches purchase is not recommended as medically necessary. The submitted records indicate that the injured worker previously received authorization for a set of crutches, and there is no clear rationale provided to support additional crutches at this time. The request is not medically necessary based on Official Disability Guidelines (ODG).

**HALF LEG WRAP PURCHASE X2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter, Continuous flow 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 and Leg Chapter, Continuous flow cryotherapy.

**Decision rationale:** Based on the clinical information provided, the request for half leg wrap purchase x 2 is not recommended as medically necessary. The concurrent request for cold therapy unit is not recommended, and therefore medical necessity for half leg wrap purchase is not established in accordance with the Official Disability Guidelines (ODG).

**Q-TECH COLD THERAPY RENTAL X35 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter, Continuous-flow 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 and Leg Chapter, Continuous-flow cryotherapy.

**Decision rationale:** Based on the clinical information provided, the request for Q-tech cold therapy rental x 35 days is not recommended as medically necessary. The submitted records indicate that the injured worker underwent right knee arthroscopy on 11/22/13. The Official Disability Guidelines (ODG) would support continuous flow cryotherapy for up to 7 days postoperatively, and there is no clear rationale provided to support exceeding this recommendation. The Official Disability Guidelines (ODG) do not support cryotherapy for nonoperative treatment.