

Case Number:	CM14-0013503		
Date Assigned:	02/26/2014	Date of Injury:	05/08/2012
Decision Date:	06/26/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopaedic Surgery 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:

This 57-year-old male sustained an industrial injury on 5/8/12. The injury occurred to the left knee and lower back relative to repetitive pushing, pulling, and lifting. Past medical history was positive for obesity. The 11/21/13 treating physician report stated that MRI (magnetic resonance imaging) and clinical findings supported a diagnosis of left knee internal derangement with mechanical symptoms, and the patient had failed conservative treatment. A left knee arthroscopic medial meniscectomy and chondroplasty was recommended. The 12/16/13 progress report addendum recommended the post-op use of the [REDACTED] Cold Therapy Recovery System for up to 35 days, the [REDACTED] deep vein thrombosis (DVT) prevention system for up to 35 days, and the [REDACTED] Stimulator for a minimum 30-day trial and up to 90 days use. The patient underwent left knee arthroscopy, partial medial meniscectomy, chondroplasty of the medial femoral condyle, and extensive synovectomy on 12/28/13. The 1/30/14 utilization review partially certified the [REDACTED] Cold Therapy Recovery System for up to 7 days use, denied the request for the [REDACTED] DVT prevention system based on an absence of guideline support, and denied the request for [REDACTED] Stimulator unit and conductive garments based on absence of documented medication failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) [REDACTED] COLD THERAPY RECOVERY SYSTEM WITH WRAP(THROUGH [REDACTED]), BETWEEN 12/16/2013 AND 4/29/2014: 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, Continuous flow cryotherapy

Decision rationale: Under consideration is a request for one [REDACTED] Cold Therapy System with wrap. The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines (ODG) states that continuous-flow cryotherapy is an option for up to seven (7) days post-operative use following knee surgery. The 1/30/14 utilization review decision recommended partial certification of this cold therapy unit for up to 7 days use. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day use recommended by guidelines and previously certified. Therefore, this request for [REDACTED] Cold Therapy System with wrap is not medically necessary.

ONE (1) [REDACTED] DVT(DEEP VEIN THROMBOSIS) PREVENTION SYSTEM (THROUGH [REDACTED]), , BETWEEN 12/16/2013 AND 4/29/2014:
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, DVT (Deep vein thrombosis)

Decision rationale: Under consideration is a request for one [REDACTED] DVT prevention system. The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guideline criteria have not been met. There were no significantly increased DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request for one [REDACTED] DVT (deep vein thrombosis) prevention system is not medically necessary.

ONE (1) [REDACTED] STIMULATOR UNIT WITH 3 MONTHS OF SUPPLIES (THROUGH [REDACTED]), BETWEEN 12/16/2013 AND 4/29/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines TENS, post-operative pain (transcutaneous electrical nerve stimulation), pgs. 116-117.

Decision rationale: Under consideration is a request for one [REDACTED] Stimulator with 3 months of supplies. The vendor documentation indicates that this is a transcutaneous electrical nerve stimulation (TENS) unit. The California MTUS guidelines recommend TENS use as a treatment option for acute post-operative pain in the first 30 days after 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 MTUS guidelines state that the proposed necessity of the unit should be documented. The MTUS guidelines have not been met. The patient was scheduled for knee arthroscopic surgery. There is no indication that standard post-op pain management would be insufficient. There is no documentation that the patient was intolerant or unresponsive to pain medications during the pre-operative period. Therefore, this request for one [REDACTED] stimulator unit with 3 months of supplies is not medically necessary.

TWO (2) CONDUCTIVE GARMENTS(ELECTROTHERAPY) (THROUGH [REDACTED] [REDACTED] BETWEEN 12/16/2013 AND 4/29/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines TENS, post-operative pain (transcutaneous electrical nerve stimulation), pgs. 116-117..

Decision rationale: As the request for the [REDACTED] Stimulator was not medically necessary, the request for 2 conductive garments (electrotherapy) is also not medically necessary.