

Case Number:	CM14-0122794		
Date Assigned:	09/25/2014	Date of Injury:	04/29/2013
Decision Date:	12/03/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/04/2014

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 Family 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:

This is a 48-year-old female who reported an industrial injury who reported an industrial injury to the right knee on 4/29/2013, seven (7) months ago, attributed to the performance of her usual and customary job tasks. The patient subsequently underwent right knee medial partial meniscectomy with debridement of the medial femoral condyle, with synovectomy patellofemoral and tibial femoral compartments on 6/2/2014. The patient completed a 30-day rental of CPM (continuous passive motion) and a 30-day rental of the Vascutherm cold compression unit. The patient was noted to have had a postoperative diagnosis of extensive tear posterior horn medial meniscus; extensive grade IV chondromalacia medial femoral condyle and trochlear groove; synovitis patellofemoral and tibial femoral compartments; chondromalacia lateral femoral condyle. The patient complained of continued right knee pain with sensitivity along the medial joint line and patellofemoral crepitation. Incision was healing well. Small knee joint effusion noted. The patient was to rehabilitate with physical therapy directed to the postoperative right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 30 Day Rental of Knee CPM (Continuous Passive Motion) for The Right Knee.:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter-continuous passive motion

Decision rationale: The use of the CPM rental for the treatment of the right knee status post medial meniscectomy and debridement is inconsistent with the evidence-based guidelines and is not demonstrated to be medically necessary. There is no rationale provided by the treating physician to override the applicable guidelines, which do not support the medical necessity of the use of the CPM machine subsequent to the arthroscopic meniscectomy or repair. The use of the CPM device subsequent to arthroscopy of the knee with partial medial meniscectomy or meniscus repair is inconsistent with the recommendations of the CA MTUS. The patient has received 30 days of use of this CPM machine even though evidence-based guidelines suggest it is not medically necessary status post medial meniscectomy. There is no demonstrated medical necessity for an additional 30-day use of the requested CPM machine to the postoperative right knee. The use of the CPM device post operatively for an arthroscopic partial meniscectomy is not recommended by the CA MTUS or the Official Disability Guidelines for the post operative care of the patient. The use of the CPM is not considered medically necessary for the rehabilitation of the knee post arthroscopy. The treating physician has not provided any objective evidence to support the medical necessity of the post-operative additional 30-day rental of the CPM machine for the rehabilitation of the knee subsequent to a partial meniscectomy. The ODG recommends CPM devices only for total knee arthroplasty; anterior cruciate ligament reconstruction; and open reduction and internal fixation of tibial plateau and distal femur fractures involving the knee joint. There is no demonstrated medical necessity for the requested additional 30-day rental of the CPM machine postoperatively.

Additional 30 Day Rental of Vascutherm Cold Compression Unit for The Right Knee.:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter--arthroscopy; meniscectomy; Low back chapter--Cold/heat packs

Decision rationale: The use of the cold circulation units are recommended by evidence-based guidelines for hospital use but not for home use. There is no demonstrated medical necessity for this cold therapy unit with appliance to be provided to the patient subsequent to the surgical intervention to the knee for home treatment as opposed to the conventional treatment with cold packs. The medical necessity of the DME for the home treatment of the patient was not supported with objective evidence to support medical necessity. There is no objective evidence to support the home use of the requested cold therapy system as opposed to the customary RICE (rest, ice, compression, elevation) for the treatment of pain and inflammation after the initially recommended seven (7) days of home therapy with a cold therapy unit. There was no clinical

documentation provided to support the medical necessity of the requested DME (durable medical equipment) in excess of the recommendations of the California MTUS. The use of a cold circulation pump post operatively is recommended for up to seven (7) days and not recommended for longer durations of time. The patient has used the cold circulation pump/wrap rental for 30 days, which is in excess of the recommendations of evidence-based guidelines. There is no rationale supported with objective evidence to support the medical necessity of an additional 30 days rental of the cold unit with wrap. The cold therapy units are not medically necessary for the treatment of the knee post operatively as alternatives for the delivery of heat and cold to the knee are readily available. The request for authorization of the cold therapy by name brand is not supported with objective medically based evidence to support medical necessity. There is no provided objective evidence to support the medical necessity of the compression as opposed to the more conventional methods for the delivery of cold for the cited surgical intervention rehabilitation. The CA MTUS; the ACOEM Guidelines, and the ODG recommend hot or cold packs for the application of therapeutic cold or heat. The use of hot or cold is not generally considered body part specific. The Official Disability Guidelines chapter on the knee and lower back states a good example of general use for hot or cold. The issue related to the request for authorization is whether an elaborate mechanical compression device is necessary as opposed to the recommended hot or cold pack. There is no demonstrated medical necessity for the requested cold unit for the treatment of the postoperative knee.