

Case Number:	CM14-0123869		
Date Assigned:	09/16/2014	Date of Injury:	10/01/2010
Decision Date:	10/23/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/05/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 58-year-old male who reported an injury on 10/01/2010 and 03/14/2011 while moving a sofa, heard a pop to his back and abdominal area. The injured worker had a history of right knee pain with a diagnoses of status post left knee arthroscopy with partial meniscectomy. The medications included Methoderm cream, omeprazole, and naproxen. The physical examination of the left knee, dated 04/08/2014, revealed range of motion 0 degrees to 25 degrees with weakness noted at the vastus medialis obliquus muscle. The past treatments included injections, physical therapy, medication, an EKG, and urinalysis. No VAS provided. The treatment plan included a DVT prevention system and cold therapy. The Request for Authorization dated 09/16/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of a Q-Tech DVT Prevention System for 21 Days (Post-operatively): 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) for Knee and Leg regarding 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 & Leg, Venous thrombosis

Decision rationale: The request for Rental of a Q-Tech DVT Prevention System for 21 Days (Post-operatively) is not medically necessary. The California MTUS/ACOEM do not address. The Official Disability Guidelines recommend identifying subjects who are at high risk for developing venous thrombosis and providing prophylactic measures, such as consideration for anti-coagulation therapy. The documentation was not evident that the injured worker was at high risk for development of venous thrombosis or deep vein thrombosis. The electrocardiogram was within normal limits. The injured worker had minimal pain postoperatively. As such, the request is not medically necessary.

Rental of a Q-Tech Cold Therapy Recovery System with Wrap for 21 Days (Post-operatively): 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 Chapter, continuous-flow cryotherapy section

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, Game Ready accelerated recovery system

Decision rationale: The request for Rental of a Q-Tech Cold Therapy Recovery System with Wrap for 21 Days (Post-operatively) is not medically necessary. The California MTUS/ACOEM do not address. The Official Disability Guidelines recommend as an option after surgery, but not for nonsurgical treatment. A Game Ready system combines continuous flow cryotherapy with the use of vasocompression. While there are studies on continuous flow cryotherapy, there is no post high quality studies on the Game Ready device or any other combined system. Therefore, in recent yet to be published RCT, patients treated with cryotherapy after ACL reconstruction had better pain relief and less dependence on narcotic use if the patient is treated with the cryotherapy alone. The documentation did not indicate that the injured worker would benefit from the cryotherapy and the guidelines do not address for 21 days. The request had been modified to 7 days. As such, the request is not medically necessary.