

Case Number:	CM14-0131615		
Date Assigned:	08/20/2014	Date of Injury:	07/03/2013
Decision Date:	10/30/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 39-year-old male sustained an industrial injury on 7/3/13. The mechanism of injury was not documented. The 3/27/14 right knee MRI impression documented findings consistent with a horizontal cleavage tear of the medial meniscus, partial lateral meniscus tear, mild patellar tendinosis, small joint effusion, and small Baker's cyst. There was tri-compartmental cartilage loss, most pronounced in the patellofemoral compartment. The 4/23/14 treating physician progress report cited severe right knee pain with giving way and swelling. Physical exam documented positive McMurray's test medially, medial joint line tenderness, 1+ effusion, negative ligamentous exam, and 20-degree lack of full flexion. The patient had been refractory to conservative treatment. Authorization for right knee arthroscopic partial medial meniscectomy was requested. The patient underwent right knee arthroscopy with partial medial meniscectomy, chondroplasty, tri-compartmental synovectomy, and removal of multiple chondrocalcinotic loose bodies on 7/7/14. The 7/7/14 DWC form requested post-operative equipment. A hot/cold unit was dispensed on 7/7/14. An 8/1/14 authorization request was noted for heat therapy circulation, full leg lymphedema garment, knee immobilizer, Triple play VT, and VascuTherm2 with DVT-arterial insufficiency. The 8/7/14 utilization review modified the request for one heat therapy circulation for up to 7 days use consistent with guidelines. The requests for Triple Play VT, VascuTherm 2, and full leg lymphedema garment were denied as the medical necessity of deep vein thrombosis prophylaxis was not documented nor was lymphedema diagnosed. The request for a knee immobilizer was denied as there was no guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Heat therapy circulation: 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)

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, Continuous flow cryotherapy, Cold/heat packs

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. Guidelines state that heat had no beneficial effect on edema compared with placebo or cold application. Records indicate that a hot/cold therapy unit was dispensed on 7/7/14. The 8/7/14 utilization review modified the request for heat therapy circulation to allow for up to 7 days use. There is no compelling reason in the medical records to support the medical necessity of a hot/cold therapy unit beyond the 7-day rental already certified. Therefore, this request is not medically necessary.

One (1) Full leg lymphedema garment: 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)

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, Lymphedema pump

Decision rationale: The California MTUS is silent regarding lymphedema treatment. The Official Disability Guidelines state that lymphedema pumps are recommended for home use as an option for the treatment of lymphedema after a 4-week trial of conservative medical management that includes exercise, elevation and compression garments. Guideline criteria have not been met. There is no documentation that this patient has been diagnosed with lymphedema or has failed guideline recommended conservative treatment. Therefore, this request is not medically necessary.

One (1) knee immobilizer: Overturned

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

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, Knee braces

Decision rationale: The California MTUS guidelines do not address the use of knee immobilizers following meniscal surgery. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have been met. The use of a knee immobilizer for this patient in the post-operative period is consistent with guidelines. Therefore, this request is medically necessary.

One (1) triple play VT: 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)

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, Venous Thrombosis

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) 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 are limited 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 is not medically necessary.

One (1) vascutherm 2 with DVT - arterial insufficiency: 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)

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, Venous Thrombosis

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) 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 are limited 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 is not medically necessary.