

Case Number:	CM14-0137072		
Date Assigned:	09/05/2014	Date of Injury:	11/13/2012
Decision Date:	12/18/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 61-year-old female with date of injury of 11/13/2012. The treating physician's listed diagnoses from 07/07/2014 are: 1. Left knee medial cartilage or meniscus tear. 2. Lumbar sprain. 3. Degeneration of the lumbar or lumbosacral intervertebral disk. 4. Spondylolisthesis, congenital. 5. Osteoarthritis, unspecified involving the pelvic region and thigh. 6. Sprain of the unspecified site of the wrist. 7. Sprain of the unspecified site of the hand. 8. Carpal tunnel syndrome. According to this handwritten report, the patient complains of left knee pain that has remained unchanged. She describes it as constant, aching, and sharp at a rate of 6/10. Low back pain is aching at a rate of 5/10 which is also constant with prolonged positioning. Left hip ache is on and off as well as the left wrist and hand. The patient is scheduled for left knee scope on 08/19/2014. A left ESI in the lumbar spine is to be scheduled. There is no change to the physical examinations since his last visit. The 07/02/2014 report shows that the patient complains of low back, left leg, left wrist and hand pain. The treater references an MRI of the lumbar spine from 02/02/2013 that revealed spondylolisthesis of L4 on L5, which is not definitive. There is atypical hemangioma in the left aspect of L5. At L5-S1, there is a neuroforaminal stenosis, left greater than right. L4-L5 has a prominent facet arthropathy with neuroforaminal stenosis, left greater than right. The documents include a QME report from 11/27/2013 and progress reports from 01/22/2014 to 08/06/2014. The utilization review denied the request on 07/29/2014.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers' Compensation: Knee and Leg Procedure Summary

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 chapter on DVT prophylaxis for arthroscopic knee surgery

Decision rationale: This patient presents with low back, left leg, left wrist, and left hand pain. The treater is requesting a Q-Tech DVT prevention system. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Knee/Leg chapter on DVT prophylaxis for arthroscopic knee surgery states, "Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied." The patient is scheduled for a right knee surgery on 08/19/2014. Given the support from ODG guidelines for prophylactic DVT post-operative use of compression system, the request is medically necessary.

Q-Tech Cold Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

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 Chapter on continuous-flow cryotherapy

Decision rationale: This patient presents with low back, left leg, left wrist, and left hand pain. The treater is requesting a Q-tech cold therapy. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines on continuous-flow cryotherapy states that it is recommended as an option after surgery but not for a nonsurgical treatment. Post-operative use generally may be up to 7 days including home use. Given the patient's scheduled right knee surgery on 08/19/2014, a rental would appear reasonable but the treater does not specify how long the unit is to be used. ODG supports 7-day use post-surgery. The request is not medically necessary.

Half Leg Wrap times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter on continuous-flow cryotherapy

Decision rationale: This patient presents with low back, left leg, left wrist, and left hand pain. The treater is requesting a half-leg wrap times 2. This appears to be a component of the Q-tech continuous flow cold therapy unit. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on continuous-flow cryotherapy for the knee states that it is recommended as an option for surgery but not for nonsurgical treatment. Post-operative use generally may be up to 7 days including home use. The patient is scheduled for right knee surgery on 08/19/2014. While the use of a half-leg wrap is reasonable following surgery, ODG supports post-operative use up to only 7 days. The treater does not specify how long this unit is to be used. The request is not medically necessary.