MAXIMUS Federal Services

Case Number:	CM14-0162923		
Date Assigned:	10/08/2014	Date of Injury:	08/28/2012
Decision Date:	11/21/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/03/2014

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 Orthopedic Surgeon, and is licensed to practice in Pennsylvania. 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 67-year-old male who reported a work related injury on 08/28/2012 due to a motor vehicle accident. His diagnoses were noted to include unspecified derangement of lateral meniscus, primary localized osteoarthritis of the lower leg, and diabetes mellitus. His past treatment was noted to include physical therapy and medication. The injured worker's surgical history was noted to include a right knee arthroscopic chondroplasty of the medial femoral condyle and partial lateral meniscectomy on 03/12/2014. Per clinical note dated 05/21/2014, the injured worker complained of decreased right knee pain and swelling. His pain remains a 2/10 to 7/10 on VAS pain scale. The injured worker has been taking Vimovo twice a day, which has helped. The injured worker was noted to no longer be taking Norco. He has completed physical therapy but thinks he needs more. The injured worker remains off work and does not feel ready to return to work, as he had continued knee pain. It was noted that the injured worker's pain was adequately controlled with Vimovo 2 times a day. The injured worker had complaints of muscle weakness. Incision site was noted to be healed with no evidence of infection. There was small effusion to the right knee with tenderness to the right medial joint line. Sensation was noted to be grossly intact bilaterally in the lower extremities. His current medications were noted to include Vimovo. The treatment plan was for intermittent hot and cold compression, body part wrap, and [redacted] with DVT prevention for 30 days (rental). The rationale for the request was postoperative care. A Request for Authorization form was submitted for review on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Hot and Cold Compression: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Leg & knee, Cold/heat pack

Decision rationale: The request for intermittent hot and cold compression is not medically necessary. The Official Disability Guidelines state cold/heat packs may be recommended. Ice massage compared to control has a statistically beneficial effect on range of motion, function, and knee strength. Cold packs decrease swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. Ice packs did not affect pain significantly compared to control in injured workers with knee osteoarthritis. In regards to the injured worker, the physician requested intermittent hot and cold compression on 05/21/2014; the injured worker had completed physical therapy and the medical necessity for hot and cold compression packs is unclear. Therefore, the request is not medically necessary.

Body Part Wrap: 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) Leg and knee, Compression garments

Decision rationale: The request for a body part wrap is not medically necessary. The Official Disability Guidelines may recommend compression garments. 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. Low levels of compression 10 mmHg to 30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis. In regards to the patient, he is 8 months post-surgery. He was noted to have completed physical therapy. There is no evidence that compression beyond 4-6 weeks has any benefit. As such, the medical necessity cannot be warranted. Therefore, the request for a Body Part Wrap is not medically necessary.

[redacted] **with DVT Prevention for 30 days Rental:** 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 & Leg, 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) Leg & knee, venous thrombosis

Decision rationale: The request for a [redacted] with DVT Prevention for 30 days Rental is not medically necessary. The Official disability guidelines state, venous thrombosis may be recommended for identifying subjects who are at a high risk for developing venous thrombosis and providing prophylactic venous thrombosis. The injured worker is 8 months post-surgery. He was noted to have completed physical therapy. Risk factors include immobility, surgery, and prothrombotic genetic variants. In regards to the patient, he is 8 months post-surgery. He was noted to have completed physical therapy. There is no evidence that compression beyond 4-6 weeks has any benefit. As such, the medical necessity cannot be warranted. Therefore, the request for a [redacted] with DVT Prevention for 30 days Rental is not medically necessary.