MAXIMUS Federal Services

Case Number:	CM14-0167301		
Date Assigned:	10/14/2014	Date of Injury:	09/27/2011
Decision Date:	12/12/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/10/2014

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 Neurology 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 injured Worker (IW) is a 37 year old female with a date of injury reported as 9/27/2011. The mechanism of injury is described as a slip and fall and the IW is reported to have landed on her right knee. The IW is status post arthroscopic surgery for her right knee in May of 2012. She is still reporting pain at a ten out ten (on a one to ten scale) and reports she is not able to fully bend her right knee. Her physical exam is notable for hypersensitivity to the right knee with palpation and diffuse tenderness. Her right knee flexion is limited to 45 degrees. Her neurological examination is noted to be normal. Her primary treating physician reports her symptoms are now consistent with a complex regional pain syndrome. A previous request for water circulating heat pad with pump and a segmental pneumatic compression device with an inflation/deflation cycle was determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water circulating heat pad with pump: 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 and Leg: Cold/Heat Packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Knee & Leg (updated 10/07/14) Continuous-flow cryotherapy

Decision rationale: The online disability guide states mechanical circulating units with pumps have not proven to be more effective than passive hot and cold therapy. Therefore, because of this lack of evidence to show this is an effective treatment modality, the request to use a water heat pad with a pump and water circulating heat unit is not medically necessary.

Pad for water circulating heat unit: 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 and Leg: 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) ODG Knee & Leg (updated 10/07/14) Continuous-flow cryotherapy

Decision rationale: The online disability guide states mechanical circulating units with pumps have not proven to be more effective than passive hot and cold therapy. Therefore, because of this lack of evidence to show this is an effective treatment modality, the request to use a water heat pad with a pump and water circulating heat unit is not medically necessary.

Segmental pneumatic compressor appliance full leg: 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 and Leg: Criteria for The Use of Knee Braces

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, Work Loss Data Institute (mechanical compression)

Decision rationale: Although the online disability guidelines support mechanical compression, these guidelines are recommended in the perioperative period for hip and knee arthroplasty; this would not apply to this case. The IW is two years past her knee arthroscopy and does not have a history of deep venous thrombosis to support continued treatment for thromboprophylaxis with mechanical compression. Therefore, the request for segmental pneumatic compressor appliance full leg is not medically necessary.

Pneumatic compression device: inflation/deflation cycle: 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) Official Disability Guidelines, Work Loss Data Institute (mechanical compression)

Decision rationale: Although the online disability guidelines support mechanical compression, these guidelines are recommended in the perioperative period for hip and knee arthroplasty; this would not apply to this case. The IW is two years past her knee arthroscopy and does not have a history of deep venous thrombosis to support continued treatment for thromboprophylaxis with mechanical compression. Therefore, the request for pneumatic compression device: inflation/deflation cycle is not medically necessary.