

Case Number:	CM14-0174802		
Date Assigned:	10/27/2014	Date of Injury:	09/11/2007
Decision Date:	12/17/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 preschool teacher with dates of injury on 9/11/07, 9/22/09 and 11/9/10. His injuries involved repetitive squatting and twisting injuries of both knees. Treatment has included a right knee replacement. Following the right knee replacement he developed pain in the left knee. MRI of the left knee did show complete disruption of the lateral meniscus. He did have left knee arthroscopic surgery which did not provide significant benefit. Additional treatment has included Norco, topical analgesics and pool therapy. He has been approved for left total knee arthroplasty. The primary treating physician has requested VascuTherm cold compression unit rental for 30 days for the left knee and continuous passive motion (CPM) device rental for 30 days for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Cold Compression Unit rental for 30 days for left knee: 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 and Leg, Continuous flow cryotherapy

Decision rationale: The MTUS does not specifically address DME VascuTherm Cold Therapy devices. The ODG guidelines for knee and leg conditions note that continuous flow cryotherapy is recommended as an option after surgery, but not for non-surgical treatment. Post-operative use generally may be up to 7 days, including home use. The request for DME VascuTherm Cold Therapy Rental 30 days is not supported by the ODT guidelines as it exceeds the recommendation for up to 7 days of use. The request for VascuTherm Cold Compression Unit rental for 30 days for left knee is not medically necessary.

Knee CPM rental for 30 days for left knee:

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

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 Passive Motion

Decision rationale: The MTUS does not specifically address the use continuous passive motion (CPM) devices. The ODG guidelines note that CPM is recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular physical therapy may be small. Routine home use of CPM has minimal benefit. Although research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application. A Cochrane review on this topic concluded that short-term use of CPM leads to greater short-term range of motion. But in a recent RCT results indicated that routine use of prolonged CPM should be neither reconsidered, since neither long-term effect nor better functional performance was detected. In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for total knee arthroplasty (revision and primary). For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision. The request for CPM rental times 30 days exceeds the recommended duration of use and is not medically necessary.