

Case Number:	CM14-0183806		
Date Assigned:	11/10/2014	Date of Injury:	05/07/2003
Decision Date:	12/30/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 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:

The patient is a 64-year-old male who has submitted a claim for poorly functioning total knee arthroplasty, associated with an industrial injury date of May 7, 2003. Medical records from 2014 were reviewed, which showed that the patient complained of pain, stiffness and instability in his right knee. Examination revealed mild antalgic gait, a well-healed, stable and well-aligned right knee. There was full active extension and moderate size effusion noted. Further flexion was 85 degrees. Neurovascular structures were intact distally. Treatment to date has included physical therapy, continuous passive motion machine (CPM), adequate pain management and total knee arthroplasty. The prior total knee replacement was tight and manipulation was unsuccessful. Revision with downsizing of the polyethylene was unsuccessful. The primary provider saw no other option to improve function other than total knee arthroplasty revision. There was pending authorization request for revision of total knee arthroplasty. The utilization review from October 28, 2014 denied the request for cold therapy unit (right knee); CPM (right knee), limb compression unit x 14/21-day rental and 3 in 1 commode (right knee) were denied because the request for surgery was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit, right knee: 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 & Leg (updated 08/25/14), Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Continuous-flow Cryotherapy, and on Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: CA MTUS does not specifically address cold therapy units. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. According to the ODG, cold therapy unit is recommended as an option after surgery, but not for nonsurgical treatment. In this case, the patient was recommended with cold therapy unit for the right knee after a revision of total knee arthroplasty. However, the request for this surgery was not certified. Also, the present request as submitted failed to specify intended duration of treatment period and if device is for rental or purchase. The request is incomplete. Therefore, the request for cold therapy unit is not medically necessary.

CPM, right knee: 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 & Leg (updated 08/25/14), DME.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Chapter, Continuous Passive Motion Devices.

Decision rationale: The CA MTUS does not specifically address the topic on continuous passive motion devices. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Chapter, was used instead. ODG's criteria for the use of continuous passive motion (CPM) devices for up to 21 days include total knee arthroplasty; anterior cruciate ligament reconstruction; and open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. In this case, the patient was recommended with cold therapy unit for the right knee after a revision of total knee arthroplasty. However, the request for this surgery was not authorized. Therefore, the request for CPM, right knee, is not medically necessary.

Limb compression unit x 14/21 day 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 (ODG); Knee & Leg (updated 08/25/14), DME.

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, Venous Thrombosis.

Decision rationale: CA MTUS does not specifically address venous thrombosis. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that in patients at a high risk of developing venous thrombosis, providing prophylactic measures such as consideration for anticoagulation therapy, is recommended. Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. The UK National Institute for Health and Clinical Excellence has issued new guidance on the prevention of venous thromboembolism. They primarily recommend mechanical methods of venous thromboembolism (VTE) prophylaxis. Although mechanical methods do reduce the risk of deep vein thrombosis (DVT), there is no evidence that they reduce the risk of pulmonary embolism or total mortality. In this case, the request for compression unit was made as prophylaxis for DVT after a total knee replacement revision. However, the requested surgery was not certified. There is no clear indication for the use of DVT compression device at this time. Therefore, the request for limb compression unit x 14/21 day rental is not medically necessary.

3 in 1 commode, right knee: 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 & Leg (updated 08/25/14), Durable Medical Equipment (DME).

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 (updated 08/25/14), Durable Medical Equipment (DME).

Decision rationale: CA MTUS does not specifically address a commode. However, the ODG knee and leg chapter contains a section on durable medical equipment. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, there is no documented rationale for a commode. It is unclear if patient has functional restrictions to require such equipment. The requested surgery was also not certified. The medical necessity cannot be established due to insufficient information. Therefore, the request for 3-in-1 commode, right knee is not medically necessary.