

Case Number:	CM14-0031804		
Date Assigned:	06/11/2014	Date of Injury:	09/13/2011
Decision Date:	07/15/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine & Rehabilitation is licensed to practice in Illinois. 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 43-year-old male who reported an injury on 09/13/2011 and the mechanism of injury was not provided. The clinical note dated 08/29/2013 noted the injured worker presented with moderate pain to the neck, frequent headaches, sleep difficulty, pain to the bilateral knees associated with clicking, popping, and swelling. Upon examination of the knees, there was a positive patellar grind test bilaterally, no palpable masses bilaterally, tenderness bilaterally over the right and left anterior knees, and no warmth in the knees bilaterally. The diagnoses were chronic neck pain with underlying degenerative disc disease without herniated disc, status post left knee arthroscopy with underlying moderate degenerative joint disease of the patellofemoral joint, chronic right knee pain with advanced degenerative joint disease of the patellofemoral joint, complaints of headaches, and complaints of depression, anxiety, stress, and difficulty sleeping. Prior treatment included surgery, medications, and aquatic therapy. The provider recommended Q-Tech cold therapy 21-day rental for date of service 07/26/2013, universal therapy wrap purchase, half left wrap purchase, Optimum knee kit purchase, on Q pain pump purchase, and knee CPM unit 30-day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE 21-DAY RENTAL OF A Q TECH COLD THERAPY UNIT PROVIDED ON DOS 7/26/2013: Upheld

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, Game ready accelerated recovery system.

Decision rationale: The ODG recommends cold therapy as an option for surgery, but not for non-surgical treatment. While there are studies of continuous-flow cryotherapy, there are no published high quality studies of combined systems. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries have not been fully evaluated. The provider's request for the acute cold therapy 21-day rental does not specify the site at which the cold therapy was intended for and the 21-day rental exceeds the recommendations of the guideline's 7-day use. The clinical information provided did not indicate the injured worker was scheduled or had surgery to support the use of the requested Q-Tech cold therapy. Therefore, the requested 21-day rental of the Q Tech Cold Therapy unit provided on 7/26/2013 is not medically necessary.

UNIVERSAL THERAPY WRAP PURCHASE FOR DOS 7/26/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the Q Tech Cold Therapy unit is not medically necessary, none of the associated services are medically necessary.

HALF LEFT WRAP PURCHASE FOR DOS 7/26/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the Q Tech Cold Therapy unit is not medically necessary, none of the associated services are medically necessary.

OPTIMUM KNEE KIT PURCHASE FOR DOS 7/26/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that there is strong evidence of exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen of any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. As such, programs should emphasize education, independence, and the importance of ongoing exercise regimen. The provider's request for an Optimum knee kit purchase does not include what the kit is comprised of. Therefore, the requested Optimum knee kit purchased on 7/26/2013 is not medically necessary.

Q PAIN PUMP PURCHASE FOR DOS 7/26/2013: 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) Knee, Post-op ambulatory infusion pump.

Decision rationale: The ODG states that post-op infusion pumps are under study. Surgical knee patients receiving local anesthetic infusion postoperatively may experience less pain and require less narcotics. The provider's rationale for a pain pump purchase was not provided. The clinical information submitted failed to indicate the injured worker was scheduled or had undergone surgery. There is lack of evidence to support long-term use of a pain pump for the injured worker. Therefore, the requested Q Pain Pump purchased on 7/26/2013 is not medically necessary.

THE 30-DAY KNEE CPM UNIT RENTAL PROVIDED ON 7/26/2013: 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) Knee, Continuous Passive Motion.

Decision rationale: The ODG states that a CPM unit is indicated for in-hospital use or for home use in injured workers at risk of stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effect over regular injured workers may be small. Routine home use of CPM has minimal benefit. To suggest that CPM should be implanted in the first rehabilitation phase after surgery, there is substantial debate about the duration of each sessions and the total period of CPM application. Postoperative use may be considered medically necessary for 4 to 10 consecutive days. The provider's request for 30-day rental exceeds the recommendations of the guidelines. The clinical information submitted failed to indicate the injured worker was scheduled or had undergone surgery or indicated the injured was at risk of a

stiff knee. Therefore, the requested 30-day rental of the Knee CPM unit provided on 7/26/2013 is not medically necessary.