

Case Number:	CM14-0044048		
Date Assigned:	08/27/2014	Date of Injury:	10/08/2011
Decision Date:	09/30/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/18/2014

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 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:

Patient is a 57-year-old male who has submitted a claim for right total knee arthroscopy with peri-prosthetic infection, bilateral shoulder rotator cuff injury, myofascial pain syndrome, bilateral shoulder rotator cuff injury, repetitive strain injury, and depression associated with an industrial injury date of 10/8/2011. Medical records from the 2013 to 2014 were reviewed. Patient had infected knee after total knee arthroscopy. Patient was on IV antibiotics until end of August 2014. He experienced moderate knee pain postoperatively. Physical examination of the right knee showed edema, large effusion, tenderness, well-healed incisions, flexion measured at 105 degrees, extension measured at 8 degrees, normal stability, and no signs of infection. Treatment plan from 8/14/2014 progress report stated resumption of physical therapy 8 x 2 sessions by September 2014. X-ray of the right knee, dated 7/18/2014, showed stable postsurgical changes from prior right total knee replacement. There was no evidence of hardware failure or loosening. Mild soft tissue swelling was noted. Treatment to date has included right total knee arthroscopy, synovectomy, and component retention on 4/7/2014, irrigation and debridement of right knee periprosthetic infection on 7/21/2014, physical therapy, occupational therapy, and medications such as Norco, cefazolin, and rifampin. Utilization review from 3/4/2014 modified the request for 1 DME cold therapy unit into 7 days post operative use; modified the request for 20 physical therapy sessions into 6 sessions; certified 14 days supply of Lovenox, 1 injection per day; certified 1 preop clearance, EKG, labs; and and certified 1 DME - FWW. Reasons for denial / modification / certification were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DME cold therapy 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.

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.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. 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. In this case, a cold therapy unit was requested on March 2014. Patient underwent right total knee arthroscopy on April 2014; hence, the medical necessity at that time had been established. However, the request failed to specify intended duration of use. The guideline only recommends cryotherapy during the first 7 days post operatively. The request was incomplete; therefore, the request for 1 DME cold therapy unit was not medically necessary.

14 days supply of Lovenox, 1 injection per day: 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 Section, Rivaroxaban.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, (ODG), Knee and Leg Section was used instead. It states that prophylaxis for venous thromboembolism for at least 10 days after total knee arthroplasty is recommended and, oral anticoagulant regimen for use in an outpatient setting would be beneficial. In this case, the request for Lovenox was filed on March 2014 for post-operative use in total knee arthroscopy, which occurred in April 2014. The medical necessity for DVT prophylaxis had been established at that time. Guideline criteria were met. However, utilization review from 3/4/2014 had certified this request; therefore, the request for 14 days supply of Lovenox, 1 injection per day was not medically necessary.

1 preop clearance, EKG, labs: 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Preoperative testing, General; and Preoperative electrocardiogram (ECG).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that pre-operative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. In this case, the request for preoperative clearance was filed in March 2014 for total knee arthroscopy, which occurred in April 2014. However, there was no documentation concerning presence of comorbid conditions. Moreover, the request failed to specify laboratory tests to be included. The request is incomplete; therefore, the request for 1 preop clearance, EKG, labs was not medically necessary.

1 DME - FWW: 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 (Acute & Chronic).

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 Section, Walking Aids.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, (ODG), Knee and Leg Section was used instead. It states that walking aids are recommended to almost half of patients with knee pain. Frames or wheeled walkers are preferable for patients with bilateral disease. In this case, a walker was requested in March 2014 for post-operative use in total knee arthroscopy, which occurred in April 2014. The medical necessity for a walking aid had been established at that time. However, utilization review from 3/4/2014 had certified this request already; therefore, the request for 1 DME - FWW was not medically necessary.

DME - Cold Therapy 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.

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.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. 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. In this case, a cold therapy unit was requested on March 2014. Patient underwent right total knee arthroscopy on April 2014; hence, the medical necessity at that time had been established. However, the request failed to specify intended duration of use. The guideline only recommends cryotherapy during the first 7 days post operatively. The request was incomplete; therefore, the request for 1 DME cold therapy unit was not medically necessary.