

Case Number:	CM14-0044287		
Date Assigned:	06/20/2014	Date of Injury:	11/19/2012
Decision Date:	08/27/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/11/2014

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 Texas. 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:

This is a 53-year-old female who sustained injury on 11/23/2012 when she slipped from a beam and fell through a ceiling. She stretched out her hands and arms to break her fall and protect her face. She struck a wooden desk and then bounced back striking her head against a filing cabinet before finally falling to the floor. She reported injury to her head, neck, back, upper extremities, and left knee. Treatment history includes medications, activity modifications, physical therapy, and bracing. She had left knee arthroscopic surgery on 02/07/2014. A progress report dated 02/24/2014 indicates that she followed up after left knee surgery on 02/07/2014. On physical exam of the left knee, intact incisions were noted over the left knee with no signs of infection. Decreased range of motion was noted with flexion and extension of the knee. The patient was using underarm crutches. She was encouraged to wean from the crutches. UR report dated 03/04/2014 indicates that the request for Q-Tech cold therapy recovery system for 21 days with wrap purchase and Q-tech Deep Vein Thrombosis (DVT) prevention system for 21 days were not medically necessary since compression units are not appropriate for DVT prophylaxis. The request for pro-range of motion (ROM) post-op knee brace purchase was not medically necessary since there were no signs of ligament instability for either knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Cold Therapy Recovery System times 21 days with Wrap purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Continuous-flow cryotherapy.

Decision rationale: The ACOEM and ODG support the use of cryotherapy in the immediate postoperative period for up to 7 days. Use of cryotherapy is not indicated for nonsurgical treatment or beyond the acute postoperative period. Therefore, the request for cryotherapy times 21 days is not medically necessary.

Q-Tech Deep Vein Thrombosis (DVT) Prevention System times 21 days: 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 & Leg, Compression garments.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute. The submitted documents do not clearly define patient risk factors that would necessitate postoperative DVT prophylaxis. Oral or subcutaneous anticoagulation would likely be indicated in that case. The Q tech DVT prophylaxis system would not be considered a standard of care treatment for postoperative DVT prophylaxis, however, in the event that DVT prophylaxis was warranted. Therefore, the request is not medically necessary.

Pro-range of motion (ROM) Post Op Knee Brace purchase for the Bilateral 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee brace.

Decision rationale: This patient underwent arthroscopy with debridement/chondroplasty. The guidelines support postoperative bracing in ligament reconstruction, meniscal repair, articular cartilage repair, etc. Bracing is not supported in routine debridement as a postoperative modality; therefore the request is not medically necessary.