

Case Number:	CM14-0050073		
Date Assigned:	07/07/2014	Date of Injury:	12/03/2009
Decision Date:	08/06/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/17/2014

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:

The injured worker is a 65-year-old female who reported an injury on 12/03/2009. The mechanism of injury was not stated. Current diagnoses include lumbosacral radiculopathy, shoulder impingement, hip tendinitis/bursitis, and shoulder rotator cuff tear. The injured worker was evaluated on 02/13/2014. It is noted that the injured worker was issued authorization for left knee arthroscopy. Physical examination at that time revealed spasm, tenderness, and guarding of the lumbar spine with limited range of motion. The injured worker also demonstrated patellar crepitus on flexion and extension with medial and lateral joint line tenderness and positive McMurray's testing in the left knee. Treatment recommendations included authorization for an internal medicine consultation and 12 sessions of postoperative physical therapy for the left knee. A Request for Authorization form was then submitted on 02/20/2014 for a Q-Tech cold therapy recovery system, a Q-Tech DVT prevention system, and a postoperative knee brace.

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 with wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines: Cryotherapy.

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, Continuous Flow Cryotherapy.

Decision rationale: Official Disability Guidelines state continuous flow cryotherapy is recommended for up to 7 days following surgery. While it is noted that the injured worker was issued authorization for a left knee arthroscopy, there is no total duration of treatment listed in the current request. Therefore, the request is not medically necessary.

Q-Tech DVT Prevention System: 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 Chapter, Compression Garments.

Decision rationale: Official Disability Guidelines recommend compression garments. Little is known about dosimetry and compression, for how long, and at what level compression should be applied. There is no indication that this injured worker is at high risk for developing a postoperative deep venous thrombosis. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

Pro-ROM Post Operative Knee Brace: Upheld

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

Decision rationale: Official Disability Guidelines state prefabricated knee braces may be appropriate for patients with knee instability, ligament insufficiency, reconstructed ligament, articular defect, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or a tibial plateau fracture. The injured worker does not maintain any of the above mentioned diagnoses. The medical necessity for a postoperative knee brace has not been established. As such, the request is not medically necessary.