

Case Number:	CM14-0050197		
Date Assigned:	07/07/2014	Date of Injury:	12/29/2013
Decision Date:	08/22/2014	UR Denial Date:	04/09/2014
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 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:

According to the records made available for review, this is a 46-year-old female with a 12/29/13 date of injury. At the time (4/9/14) of request for authorization for purchase of postoperative A-Stimulator, sixty (60) day rental of Hot/Cold contrast unit with deep vein thrombosis (DVT) compression, and sixty (60) day rental of continuous passive motion (CPM) machine, there is documentation of subjective (severe right knee pain, difficult with prolonged walking) and objective (tenderness, decreased range of motion, and positive McMurray) findings, current diagnoses (tear of the posterior horn of the medial meniscus, osteochondral lesion patella, Baker cyst, right knee), and treatment to date (medications and activity modification). 3/31/14 medical report identifies a request for a diagnostic video arthroscopy with intra-articular surgery. 4/11/14 determination identifies a certification for a right knee diagnostic video arthroscopy meniscectomy surgery. Regarding the requested sixty (60) day rental of Hot/Cold contrast unit with deep vein thrombosis (DVT) compression, there is no documentation of high risk of developing venous thrombosis. Regarding the requested sixty (60) day rental of continuous passive motion (CPM) machine, there is no documentation of any of the following surgeries [total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint].

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Postoperative A-Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) and Interferential Current Stimulation (ICS) Page(s): 113-120.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that microcurrent electrical stimulation is not recommended. Therefore, based on guidelines and a review of the evidence, the request for purchase of postoperative A-Stimulator is not medically necessary.

Sixty (60) Day Rental of Hot/Cold Contrast Unit with Deep Vein Thrombosis (DVT) Compression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg Chapter.

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-flow cryotherapy, Deep vein thrombosis (DVT).

Decision rationale: MTUS does not address the issue. ODG states that continuous-flow cryotherapy is recommended postoperatively for up to 7 days, including home use. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of a diagnoses of tear of the posterior horn of the medial meniscus, osteochondral lesion patella, Baker cyst, right knee. In addition, there is documentation of a pending right knee diagnostic video arthroscopy meniscectomy surgery. However, there is no documentation a high risk of developing venous thrombosis. In addition, given that the request is for sixty (60) day rental of Hot/Cold contrast unit with deep vein thrombosis (DVT) compression, the proposed number of days exceeds guidelines (for up to 7 days). Therefore, based on guidelines and a review of the evidence, the request for sixty (60) day rental of Hot/Cold contrast unit with Deep Vein Thrombosis (DVT) compression is not medically necessary.

Sixty (60) Day Rental of Continuous Passive Motion (CPM) Machine: 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 and Leg Chapter.

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 (CPM).

Decision rationale: MTUS does not address this issue. ODG identifies documentation of any of the following surgeries (total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint), as criteria necessary to support the medical necessity of a continuous passive motion unit for up to 21 consecutive days. Within the medical information available for review, there is documentation of a diagnoses of tear of the posterior horn of the medial meniscus, osteochondral lesion patella, Baker cyst, right knee. In addition, there is documentation of a pending right knee diagnostic video arthroscopy meniscectomy surgery. However, there is no documentation of any of the following surgeries (total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint) In addition, the requested Sixty (60) Day Rental of Continuous Passive Motion (CPM) Machine exceeds guidelines (for up to 21 consecutive days). Therefore, based on guidelines and a review of the evidence, the request for sixty (60) day rental of continuous passive motion (CPM) machine is not medically necessary.