

Case Number:	CM14-0055968		
Date Assigned:	07/09/2014	Date of Injury:	02/05/2013
Decision Date:	08/18/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/25/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; and right knee meniscectomy, chondroplasty, and synovectomy surgery on January 24, 2014. In a Utilization Review Report dated April 15, 2014, the claims administrator apparently retrospectively denied a request for a cold therapy recovery system and DVT prevention system postoperatively. The applicant's attorney subsequently appealed. In a progress note dated May 8, 2014, it was stated that the applicant had a history of hypertension. Additional physical therapy and Norco were endorsed while the applicant was given work restrictions. It did not appear that the applicant was working with limitations in place, however. On September 12, 2013, it was again stated that the applicant had a past medical history notable for hypertension and smoking. A knee arthroscopy was being considered even at this point. However, additional physical therapy was endorsed at this stage. The operative report of January 24, 2013 was itself reviewed. The applicant apparently underwent an uncomplicated partial medial meniscectomy, chondroplasty, and synovectomy procedure, tolerated the procedure well, and was apparently brought to the recovery room in stable and satisfactory condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Recovery System: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter, Continuous-flow Cryotherapy topic.

Decision rationale: The MTUS does not address the topic of Cryotherapy postoperatively. As noted in the Official Disability Guidelines Knee Chapter Continuous-Flow Cryotherapy topic, cold therapy recovery system/continuous Cryotherapy devices as were sought here are recommended for postoperative use for up to seven days but are not recommended beyond that point or for nonsurgical purposes. In this case, no rationale for selection and/or ongoing usage of the cold therapy recovery system beyond seven days of postoperative use was provided. The request, as written, represented a request to purchase the device. This is not indicated, appropriate, or supported by Official Disability Guidelines. No applicant-specific information or medical evidence was provided to offset the unfavorable Official Disability Guidelines recommendation. Therefore, the request is not medically necessary.

Deep Vein Thrombosis (DVT) Prevention System: 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 Cleveland Clinic Journal of Medicine, November 2009, (http://www.ccjm.org/content/76/Suppl_4/S45.full#T4).

Decision rationale: The MTUS does not address the topic. As noted by the Cleveland Clinic Journal of Medicine, knee arthroscopy is considered a lower risk procedure for development of DVT. As noted further noted by CCJM, DVT prophylaxis during knee arthroscopy is needed for applicants with individual risk factors such as morbid obesity, limited mobility after surgery, or history of prior DVT and/or malignancy. In this case, there was no clearly voiced history of morbid obesity, limited postoperative mobility, history of prior DVT, malignancy, etc. which would have supported provision of the DVT prevention system at issue here. It is further noted that the applicant was described as having undergone an uncomplicated, short, and uneventful procedure. For all of the stated reasons, then, the request is not medically necessary.