

Case Number:	CM14-0057538		
Date Assigned:	07/09/2014	Date of Injury:	01/08/2013
Decision Date:	11/13/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/28/2014

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 Minnesota. 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 54 year old male with advanced osteoarthritis of the left knee. The date of injury is 01/8/2013. Because of persisting symptoms and evidence of medial and lateral meniscal tears arthroscopy was performed on July 8, 2013. The findings included tricompartmental osteoarthritis, particularly in the medial compartment and tears of both the medial and lateral menisci and grade 4 changes in the articular surfaces in the weight bearing areas. Partial meniscectomies were performed. Since that time he has been treated with medications, viscosupplementation, bracing, and physical therapy but continues to be symptomatic with pain and functional disability. A left total knee arthroplasty was requested and authorized. The issues in dispute per the IMR request include Post-operative physical therapy times 16 sessions for the left knee, Pre-operative clearance, and Vascu Therm rental for 30 days. UR modified the physical therapy to 12 visits, certified the Pre-operative clearance, and replaced the Vascu Therm request with contuous flow cryotherapy rental for 7 days. The remaining requests were all certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: initial post-operative physical therapy, sixteen sessions to the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

Decision rationale: The initial course of therapy means one half the number of visits specified in the general course of therapy for the specific surgery in the post-surgical physical medicine treatment recommendations. The number of visits for a total knee arthroplasty is 24 visits over 10 weeks. Therefore the initial course of therapy is 12 visits. The post-surgical physical medicine treatment period is 4 months. The treatment requested is "initial post-operative 16 sessions". This exceeds the 12 visits recommended per guidelines. Therefore the request is not medically necessary.

Pre-operative clearance: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Pre-operative testing.

Decision rationale: CA MTUS does not address this issue. Preoperative clearance is often necessary before major surgical procedures. The decision should be guided by the patient's clinical history and co-morbid conditions. Usually it is necessitated by hospital protocol. Based upon the nature of the surgical procedure preoperative clearance is deemed medically necessary.

VascuTherm rental, 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines, knee procedure summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section Knee, Cryotherapy and Other Medical Treatment Guideline or Medical Evidence: Annals of Surgery Feb 2004 162-171 Evidence Based Compression

Decision rationale: Evidence based guidelines suggest that intermittent pneumatic compression devices work in the prevention of deep vein thrombosis. The Vascu Therm is intended to function as an external pneumatic compression device. It works by aiding the blood flow back to the heart via lower extremity limb compression and also controls edema. The American College of Chest Physicians noted in 2012 that pneumatic compression devices should be used in patients undergoing major lower extremity surgery for a minimum of 10-14 days. Although 30 days is probably too long, the rental is deemed necessary until he becomes fully ambulatory and may

stop using it when he no longer needs it. The Vascu Therm rental is therefore medically necessary.