

Case Number:	CM14-0061412		
Date Assigned:	07/09/2014	Date of Injury:	09/04/2012
Decision Date:	08/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/02/2014

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 Orthopaedic Surgery 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:

This 58-year-old male sustained an industrial injury on 9/4/12. The mechanism of injury was not documented. The 2/3/14 treating physician report cited continued right knee pain with catching, locking and instability. Right knee exam findings documented patellar crepitation on flexion/extension, medial and lateral joint line tenderness, and positive McMurray's test. Right knee arthroscopy had been approved; medications and internal medicine clearance were recommended. A request for post-operative durable medical equipment was submitted. The 2/15/14 pre-operative internal medicine report indicated that the patient was medically cleared for surgery with minimal risk for cardiovascular event. Blood chemistries were within normal limits and no specific deep vein thrombosis risk factors were documented. The patient underwent right knee arthroscopy with chondroplasty and partial medial and lateral meniscectomy on 2/28/14. The 4/14/14 utilization review partially certified a request for Q-Tech cold therapy unit rental for 7 days from an original request for 21 days. The requests for Q-Tech DVT prevention system rental x 21 days, associated half leg wrap, and Pro ROM post-ops knee brace were denied based on failure to meet guideline criteria for use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive request: Q-Tech DVT (deep vein thrombosis) Prevention System Rental x 21 Days DOS 2/28/14: 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) - Treatment in Workers' Compensation (TWC) Knee and Leg procedure Summary last updated 01/20/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous thrombosis.

Decision rationale: The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guideline criteria have not been met. There are no significantly increased DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this retroactive request: Q-Tech DVT (deep vein thrombosis) prevention system rental x 21 days (DOS 2/28/14) is not medically necessary.

Retroactive request: Half Leg Wrap #2 DOS 2/28/14: 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) - Treatment in Workers' Compensation (TWC) Knee and Leg Procedure Summary last update 1/20/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous thrombosis.

Decision rationale: As the request for the Q-Tech DVT prevention system is not medically necessary, the associated retroactive request for two half leg wraps (DOS 2/28/14) is also not medically necessary.

Retroactive request: Pro-ROM Post-Op Knee Brace DOS 2/28/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) Knee and Leg Procedure Summary last updated 1/20/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee brace.

Decision rationale: The California MTUS does not provide specific recommendations for post-operative knee braces. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have been met. This patient is status post chondroplasty and medial and lateral meniscectomy. The use of a post-operative knee brace is supported for pain control and instability. Therefore, this retroactive request for Pro-ROM post-op knee brace (DOS 2/28/14) is medically necessary.

Retroactive request: Q-Tech Cold Therapy Rental x 7 days DOS 2/28/14: 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) - Treatment in Workers' Compensation (TWC) Knee Procedure Summary last updated 1/20/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The original request for a Q-Tech cold therapy unit rental for 21 days was partially certified in utilization review for 7 days use. There is no compelling reason to support the medical necessity of this request beyond the 7 day guideline recommendation and previous certification. Therefore, this request for retroactive request: Q-Tech cold therapy rental x 7 days (DOS 2/28/14) is not medically necessary.