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| Case Number: | CM14-0075316 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 05/29/2012 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/23/2014 |

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 Physical Medicine and Rehabilitation, 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 56-year-old female with a 5/29/12 date of injury and status post video arthroscopy, left knee, chondroplasty of medial femoral condyle, synovectomy, micro fracture of medial femoral condyle, and removal of extensive and multiple loose fragments on 2/21/14. At the time (4/29/14) of the Decision for TENS unit, 4 lead purchase Qty: one; TENS supplies x 2 months Qty: two; and Vascutherm2 30 day rental Qty: 30, there is documentation of subjective (none specified) and objective (sutures removed) findings, current diagnoses (tear of medial cartilage or meniscus of knee), and treatment to date (medication). Regarding TENS unit, 4 lead purchase Qty: one and TENS supplies x 2 months Qty: 2, the request for purchase of a TENS unit and 2 months supplies exceeds guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, 4 lead purchase Qty:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies TENS unit as an option for acute post-operative pain in the first 30 days post surgery, most effective for mild to moderate thoracotomy pain, and of lesser effect, or not at all, for other surgical procedure. Within the medical information available for review, there is documentation of diagnoses of tear of medial cartilage or meniscus of knee. In addition, given documentation of video arthroscopy, left knee, chondroplasty of medial femoral condyle, synovectomy, micro fracture of medial femoral condyle, and removal of extensive and multiple loose fragments on 2/21/14, there is documentation of a recent knee surgery. However, the request for purchase of a TENS unit exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for TENS unit, 4 lead purchases Qty: 1 is not medically necessary.

TENS supplies x 2 months Qty:2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies TENS unit as an option for acute post-operative pain in the first 30 days post surgery, most effective for mild to moderate thoracotomy pain, and of lesser effect, or not at all, for other surgical procedure. Within the medical information available for review, there is documentation of diagnoses of tear of medial cartilage or meniscus of knee. In addition, given documentation of video arthroscopy, left knee, chondroplasty of medial femoral condyle, synovectomy, micro fracture of medial femoral condyle, and removal of extensive and multiple loose fragments on 2/21/14, there is documentation of a recent knee surgery. However, the request for 2 months supply exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for TENS supplies x 2 months Qty: 2 is not medically necessary.

Vascutherm2 30 day rental Qty:30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-continuous 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 Chapter, Venous thrombosis <http://emedicine.medscape.com/article/1268573-overview#aw2aab6b3>.

Decision rationale: The MTUS does not address this issue. The Official Disability Guidelines identifies that mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay. Medical Treatment Guideline necessitates documentation of patient with moderate, high, or very high risk for DVT to support the medical necessity of mechanical methods for reducing the incidence of DVT (include passive devices, such as graduated compression (elastic) knee or thigh-high stockings (GCS); active

(external pneumatic compress or intermittent pneumatic compression [IPC]) devices; or venous foot pumps (VFP)). Within the medical information available for review, there is documentation of diagnoses of tear of medial cartilage or meniscus of knee. In addition, given documentation of video arthroscopy, left knee, chondroplasty of medial femoral condyle, synovectomy, micro fracture of medial femoral condyle, and removal of extensive and multiple loose fragments on 2/21/14, there is documentation of a recent knee surgery. However, there is no documentation of moderate, high, or very high risk for DVT. Therefore, based on guidelines and a review of the evidence, the request for Vascutherm2 30 day rental Qty:30 is not medically necessary.