

Case Number:	CM14-0078004		
Date Assigned:	07/18/2014	Date of Injury:	01/31/2008
Decision Date:	08/15/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 67-year-old male sustained an industrial injury on 1/31/08. The mechanism of injury was not documented. He was status post right total knee replacement and lumbar decompression at L3/4 and L4/5. The 1/24/14 left knee MRI impression documented moderate joint effusion, medial plica, Wiberg Type I patella, chondromalacia patella and patellofemoral arthropathy. There were arthritic changes to the posterior weight bearing distal medial and lateral femoral condyles. Findings documented medial compartment syndrome, medial collateral ligament sprain, anterior cruciate ligament sprain, grade III medial meniscus tear, and grade II lateral meniscus tear. There was a focus of marrow edema/bone bruising in the proximal medial tibial condyle. The patient underwent left knee arthroscopy on 5/2/14. The 5/6/14 progress report indicated the pain pump was removed and range of motion was 0-90 degrees. The 5/13/14 orthopedic report indicated the patient was two weeks status post left knee arthroscopic surgery. He presented with 4+ effusion with range of motion of only 70 degrees on his continuous passive motion (CPM) machine. He was taking Norco 10/325 mg 2 times per day. The patient had a hemarthrosis of approximately 60 cc. His range of motion before aspiration was 0-60 degrees and after aspiration was 80 degrees. Serosanguineous fluid was aspirated, it did not appear infected. Sutures were removed. Physical therapy was on hold due to swelling. The 5/27/14 utilization review partially certified the Q Tech cold therapy recovery system for 7 day rental. The requests for knee CPM and pain pump were denied due to lack of evidence-based support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non Programmable Pain Pump (Purchase): 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 and Leg Chapter Post op ambulatory infusion pumps (local anesthetic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Post-op ambulatory infusion pumps; Shoulder, Postoperative pain pump.

Decision rationale: The California MTUS guidelines are silent regarding this device. The Official Disability Guidelines state that post-operative pain pumps are not recommended. Guidelines state there is insufficient evidence to conclude that direct infusion is as effective as, or more effective than, conventional pre- or postoperative pain control using oral, intramuscular or intravenous measures. Three recent moderate quality randomized controlled trials did not support the use of pain pumps. Given the absence of guideline support for the use of post-operative pain pumps, this request for pain pump purchase is not medically necessary.

Knee CPM with pads time 30 day Rental: 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 and Leg Chapter, Continuous Passive Motion.

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 passive motion (CPM).

Decision rationale: The California MTUS does not provide recommendations for this device following knee arthroscopy. The Official Disability Guidelines recommend the use of continuous passive motion devices in the acute hospital setting for no more than 21 days following total knee arthroplasty (revision and primary) and for home use up to 17 days following a primary or revision total knee arthroplasty. Guideline criteria have not been met. The patient had a knee arthroscopy. There was no current evidence to support the medical necessity of continuous passive motion over home exercise for this patient. Should the medical necessity be established, there is no evidence to support the use beyond 17 days. Therefore, this request for knee CPM with pads times 30 day rental is not medically necessary.

Q Tech Cold Therapy recovery system with wrap x 35 days for rental: 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 & Leg (Acute & Chronic) - Continuous Flow 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 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 5/27/14 utilization review decision recommended partial certification of this cold therapy system for 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request for a Q Tech cold therapy recovery system with wrap times 35 days for rental is not medically necessary.