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| Case Number: | CM14-0126751 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 09/30/2009 |
| Decision Date: | 01/05/2015 | UR Denial Date: | 07/16/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 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 patient is a 45-year-old male who has submitted a claim for left greater than right chondromalacia patella status post patella and trochlear microfracture, and medial and patellofemoral compartment osteoarthritis of the left knee associated with an industrial injury date of 9/30/2009. Medical records from 2014 were reviewed. The patient complained of intermittent moderate pain in the left knee greater than the right. The pain was associated with occasional minimal swelling and a giving way sensation when descending stairs. Aggravating factors included kneeling, squatting, twisting and prolonged sitting. Physical examination of the left knee showed tenderness, crepitation, negative apprehension test, no instability, no effusion and flexion at 130 degrees. Gait was antalgic on the left side. Treatment to date has included bilateral knee arthroscopy in 2012, Synvisc injections, physical therapy and medications. The patient is recommended to undergo left total knee joint replacement. The utilization review from 7/16/2014 modified the request for 30 days rental Vascutherm, compression wraps into a 7 day rental use to meet guideline recommendation; modified the request for 30 day rental knee CPM (continuous passive motion), soft goods x 1 purchase into 21 day rental to meet guideline recommendation; and denied knee brace purchase because it was not an appropriate durable medical equipment post total knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Days Rental Vascutherm, Compression Wrap Purchase, Left Knee: 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 Official Disability Guidelines (ODG), Knee & Leg chapter, Compression garments; Continuous-flow cryotherapy; Game ready and on Other Medical Treatment Guideline or Medical Evidence: Specialized Orthopedic Solutions, VascuTherm

Decision rationale: An online search shows that VascuTherm provides heat, cold, compression, and DVT prophylaxis therapy. It is indicated for pain, edema, and DVT prophylaxis for the post-operative orthopedic patient. CA MTUS does not specifically address VascuTherm DVT prophylaxis. Per the strength of evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends the use of compression garments; however, there is little known about dosimetry in compression, for how long and at what level compression should be applied. Also, continuous flow cryotherapy is recommended as an option after surgery up to 7 days. In this case, the patient is recommended to undergo left total knee joint replacement; hence, the request for postoperative Vascutherm with compression wraps. However, there is no documentation that the patient will be unable to walk or have limited mobility for a prolonged period to necessitate deep venous thrombosis (DVT) prophylaxis combined with heat and cold therapy. The medical records also do not identify the patient as being high risk for DVT. Also, the requested duration exceeds guideline recommendations of 7 days. Lastly, ODG states that there is no evidence for combined cold and DVT units. Therefore, the request for 30 days rental Vascutherm, Compression Wrap Purchase is not medically necessary.

30 Day Rental Knee CPM (Continuous Passive Motion), Soft Goods x 1 purchase, Left Knee: 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 Official Disability Guidelines (ODG) Knee & Leg, Continuous Passive Motion (CPM)

Decision rationale: CA MTUS does not specifically address continuous passive motion (CPM). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that beneficial effects of CPM over regular PT may be small. The criteria for home use of CPM up to 17 days after surgery include: patients at risk of a stiff knee due to immobility or inability to bear weight, low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision, and patients with complex regional pain syndrome and extensive arthrofibrosis. In this case, the patient is recommended to undergo left total knee joint replacement; hence, the request for postoperative CPM device. The medical necessity has been established; however, there is no discussion why guideline

recommendation of 17 days post-operative use cannot suffice. Therefore, the request for 30 day rental knee CPM (continuous passive motion), soft goods x 1 purchase is not medically necessary.

Knee Brace Purchase, Left Knee: Overturned

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 Official Disability Guidelines (ODG) Knee and Leg, Knee Brace

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for use prefabricated knee braces include 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, and tibial plateau fracture. Custom fabricated knee braces may be used in patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, the patient is recommended to undergo left total knee joint replacement; hence, the request for knee brace. The patient is likewise recommended to undergo post-operative physical therapy. The medical necessity has been established. Therefore, the request for knee brace purchase is medically necessary.