

Case Number:	CM14-0187012		
Date Assigned:	11/17/2014	Date of Injury:	06/15/2011
Decision Date:	01/27/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/10/2014

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:

According to the records made available for review, this is a 48-year-old male with a 6/15/11 date of injury, and left knee arthroscopy and microfracture chondroplasty on 7/8/14. At the time (10/3/14) of the Decision for Associated surgical service: Cold therapy unit x 1 month rental, Associated surgical service: DVT compression unit x 1 month rental, Associated surgical service: Crutches, and Associated surgical service: IF unit x 2 months rental with garment, there is documentation of subjective (left knee pain) and objective (tenderness over the medial joint) findings, current diagnoses (left knee myoligamentous injury with meniscus tear and status post left knee arthroscopy and microfracture chondroplasty), and treatment to date (medications and physical therapy). Medical report identifies that the patient is utilizing a cane for mobility. Regarding Associated surgical service: Cold therapy unit x 1 month rental and Associated surgical service: DVT compression unit x 1 month rental, there is no documentation that the patient has a high risk of developing venous thrombosis. Regarding Associated surgical service: Crutches, there is no documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home. Regarding Associated surgical service: IF unit x 2 months rental with garment, there is no documentation that the interferential stimulator unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit x 1 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-120.

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, Cold compression therapy; Venous thrombosis; Continuous-flow cryotherapy.

Decision rationale: MTUS does not address this issue. ODG identifies that cold compression therapy is recommended as an option after surgery, but not for nonsurgical treatment. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of mechanical compression therapy. Furthermore, ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of a diagnosis of left knee myoligamentous injury with meniscus tear. In addition, there is documentation of a left knee arthroscopy and microfracture chondroplasty on 7/8/14. However, the request Cold therapy unit x 1 month rental exceeds guidelines (up to 7 days post-op). Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Cold therapy unit x 1 month rental is not medically necessary.

Associated surgical service: DVT compression unit x 1 month rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Cold compression therapy; Venous thrombosis; Continuous-flow cryotherapy.

Decision rationale: MTUS does not address this issue. ODG identifies that cold compression therapy is recommended as an option after surgery, but not for nonsurgical treatment. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of mechanical compression therapy. Furthermore, ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of a diagnosis of left knee myoligamentous injury with meniscus tear. In addition, there is documentation of a left knee arthroscopy and microfracture chondroplasty on 7/8/14. However, there is no documentation that the patient has a high risk of developing venous thrombosis. In addition, the request DVT compression unit x 1 month rental exceeds guidelines (up to 7 days post-op). Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: DVT compression unit x 1 month rental is not medically necessary.

Associated surgical service: Crutches: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Walking aids (canes, crutches, braces, orthoses, & walkers). Other Medical Treatment Guideline or Medical Evidence: Medicare National Coverage Determinations Manual.

Decision rationale: MTUS does not address this issue. ODG identifies documentation of disability, pain, and age-related impairments, as criteria necessary to support the medical necessity of a walking aid. Medical Treatment Guidelines identifies documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home, as criteria necessary to support the medical necessity of a cane. Within the medical information available for review, there is documentation of a diagnosis of left knee myoligamentous injury with meniscus tear. In addition, there is documentation of a left knee arthroscopy and microfracture chondroplasty on 7/8/14. However, given documentation that the patient utilizes a cane for mobility, there is no documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Crutches is not medically necessary.

Associated surgical service: IF unit x 2 months rental with garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Within the medical information available for review, there is documentation of a diagnosis of left knee myoligamentous injury with meniscus tear. In addition, there is documentation of a left knee arthroscopy and microfracture chondroplasty on 7/8/14. However, there is no documentation that the interferential stimulator unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: IF unit x 2 months rental with garment is not medically necessary.