

Case Number:	CM14-0190402		
Date Assigned:	11/21/2014	Date of Injury:	03/17/2014
Decision Date:	01/14/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/14/2014

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 48-year-old female who has submitted a claim for left knee medial and lateral meniscus tear, status post arthroscopy, and chondromalacia patella associated with an industrial injury date of March 17, 2014. Medical records from 2014 were reviewed. The patient complained of constant left knee pain, described as dull and aching, and rated 5/10 in severity. The patient is status post left knee arthroscopy. Physical examination of the left knee showed limited motion, negative drawer test, and negative McMurray test. The patient was unable to perform heel walk. The MRI of the left knee on 9/10/14 documented left knee medial and lateral meniscal tears. Treatment to date has included left knee arthroscopy (undated), physical therapy, and medications. The utilization review from October 17, 2014 denied the request for crutches, half leg wrap for purchase, universal therapy wrap for purchase, and Q-Tech cold therapy recovery system for with wrap for rental due to lack of information concerning the date of knee surgery, as well as current status and function. The requested modalities are only recommended for immediate post-operative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crutches for 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 (ODG) Knee Section, Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable Medical Equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, the patient is status post left knee arthroscopy. However, the exact date of surgery and current activity limitations are not well documented. Moreover, there is no indicated rationale for crutches. The medical necessity cannot be established due to insufficient information. Therefore, the request for crutches for purchase is not medically necessary.

Half leg wrap for 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 (ODG), Knee and Leg, Compression Garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: CA MTUS does not specifically address cold therapy units. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of hot/ice machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, the patient is status post left knee arthroscopy. However, the exact date of surgery and current activity limitations are not well documented. Moreover, there is no rationale provided as to why a cold therapy unit is prescribed when standard cryotherapy using ice packs could have been used instead. Therefore, the request for half leg wrap for purchase is not medically necessary.

Universal therapy wrap: 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), Compression Garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: CA MTUS does not specifically address cold therapy units. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of hot/ice machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, the patient is status post left knee arthroscopy. However, the exact date of surgery and current activity limitations are not well documented. Moreover, there is no rationale provided as to why a cold therapy unit is prescribed when standard cryotherapy using ice packs could have been used instead. Therefore, the request for universal therapy wrap is not medically necessary.

Q-Tech cold therapy recovery system with wrap 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 (ODG) Knee & Leg, Venous Thrombosis.

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, Venous Thrombosis

Decision rationale: CA MTUS does not specifically address venous thrombosis 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 states that it is recommended to identify subjects who are at high risk of developing venous thrombosis (DVT) and providing prophylactic measures such as consideration for anticoagulation therapy. Current evidence suggests that prophylaxis is needed for inpatients undergoing many orthopedic procedures and should be given for at least seven to ten days. However, ODG states that although mechanical methods reduces the risk of DVT, there is no evidence that they reduce the main threat, the risk of pulmonary embolism or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. In this case, the patient is status post left knee arthroscopy. However, the exact date of surgery is not documented. Moreover, there is no indicated rationale for this request. There is no discussion provided as to why a cold therapy system is prescribed when pharmacologic methods or other recommended devices such as compression garments and vasopneumatic devices could have been used for DVT prophylaxis. The medical records also failed to establish that the patient has a high risk for developing DVT. Therefore, the request for Q-Tech cold therapy recovery system with wrap for rental is not medically necessary.