

Case Number:	CM14-0199643		
Date Assigned:	12/10/2014	Date of Injury:	05/19/2012
Decision Date:	01/30/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Interventional spine 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 34-year-old female with a date of injury of 05/19/2012. According to progress report dated 10/30/2014, the patient is status post left knee diagnostic arthroscopy and partial meniscectomy on 10/24/2014. The patient's wound is healing well and there is no sign of infection. The listed diagnoses are: 1. Cervical sprain/strain.2. Lumbar sprain/strain.3. Cervical radiculopathy.4. Lumbosacral radiculopathy.5. Shoulder impingement. The treating physician recommends that the patient start postoperative physical therapy and to begin range of motion exercises. Medications were prescribed to control her symptoms and lidocaine patches were provided to reduce the need for oral medications. The patient is to remain off work and return in 6 weeks. The request is for Q-tech cold therapy rental for 7 days, half-leg wrap purchase, universal therapy wrap and crutches. The utilization review denied the request on 11/07/2014. Treatment reports from 04/17/2014 through 11/27/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Half Leg Wrap Purchase (Recovery System with Wrap): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cold/Heat Packs

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, Continuous-flow cryotherapy.

Decision rationale: This patient is status post left knee diagnostic arthroscopy and partial meniscectomy on 10/24/2014. The current request is for half-leg wrap purchase (recovery system with wrap). . The utilization review denied the request stating, "There is no evidence in the submitted documentation that this patient has a diagnosis of osteoarthritis. Additionally, there was no size specified in the request nor frequency of application for either the hot or cold components." The ODG Guidelines, knee chapter has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use." In this case, the leg wrap is intended to facilitate delivery of the cold therapy unit. Given the patient has met the indication for a 7 day cold therapy rental, the requested half leg wrap is medically necessary.

Q-Tech Cold Therapy rental for 7 days: Overturned

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, 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 & Leg Chapter, Continuous-flow cryotherapy.

Decision rationale: This patient is status post left knee diagnostic arthroscopy and partial meniscectomy on 10/24/2014. The current request is for a Q-Tech cold therapy rental for 7 days. The utilization review denied the request stating, "There is no evidence in the submitted documentation that this patient has a diagnosis of osteoarthritis. Additionally, there was no size specified in the request nor frequency of application for either the hot or cold components." The ODG Guidelines, knee chapter has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use." In this case, the ODG guideline supports the use of continuous-flow cryotherapy for post-operative use. The requested 7 day rental is within guidelines and is medically necessary.

Universal Therapy Wrap: Overturned

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, Cold/Heat Packs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Cold/heat packs.

Decision rationale: This patient is status post left knee diagnostic arthroscopy and partial meniscectomy on 10/24/2014. The current request is for universal therapy wrap. Universal therapy wraps are reusable therapy Gel pack which can be applied either hot or cold. The ACOEM Guidelines 300 states, "At-home local applications of heat or cold are as effective as those performed by therapists." The ODG guidelines under its knee chapter consider cold/heat therapy as a recommended option. ACOEM and ODG recommend this modality as an option. This request is medically necessary.

Crutches Purchase: Overturned

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 & Leg Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: This patient is status post left knee diagnostic arthroscopy and partial meniscectomy. The current request is for crutches purchase. The utilization review denied the request stating, "There is no indication in the submitted documentation that his patient is having any ambulatory problem requiring the use of crutches." The ACOEM and MTUS do not discuss crutches. ODG does provide a discussion on walking aids under its knee chapter. ODG states, walking aids are "recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain and age-related impairment seem to determine the need for a walking aid. Non-use is associated with less need, negative outcome, and negative evaluation of the walking aid." In this case, the patient is status post left knee surgery and the requested crutches to alleviate weight bearing and to assist the patient with ambulation is reasonable and supported by ODG guidelines. The requested crutches are medically necessary.