

Case Number:	CM14-0206081		
Date Assigned:	12/18/2014	Date of Injury:	02/29/2008
Decision Date:	02/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehabilitation 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 68 year old male with date of injury 10/08/99. The requesting treating physician report was not found in the documents provided. The treating physician report dated 11/07/14 (50) indicates that the patient presents with pain affecting the neck, head, right knee and the low and upper back. The patient complains that the pain radiates to the shoulders, arms, elbows, wrists, hand, hips, legs, and ankles. The physical examination findings of the lumbar spine reveal there was tenderness to palpation, and spasms noted over the paravertebral region bilaterally. There were trigger points noticeable in the lumbar paraspinal muscles bilaterally. Manual muscle testing of the lumbosacral spine revealed 4/5 strength with flexion, extension and bilateral lateral bending. The patient's range of motion was restricted due to pain and spasm. On neurological examination, there was decreased sensation to the bilateral L5-S1 dermatomes. On examination of the right knee, there was swelling noted over a large incision. Manual muscle testing revealed 4/5 strength with flexion and extension with range of motion restricted due to pain. Prior treatment history includes a discogram, physical therapy, an injection of the right knee, right total knee arthroplasty, posterior flexion contracture release, synovectomy, a CPM device, a knee brace, a home based exercise program, topical creams, and prescribed medications. Current medications include ranitidine, Norco, omeprazole, a muscle relaxant and hypertension medication. The current diagnoses are: 1. Lumbar degenerative disc disease 2. Lumbar disc protrusion 3. Lumbar radiculopathy 4. Status post right total knee arthroplasty The utilization review report dated 11/11/14 (8) denied the request for Knee CPM soft goods, Knee CPM rental x30 days, Q-Tech wrap and pad, and Q-Tech cold therapy recovery system x21 days based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee CPM soft goods: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Knee/Leg Continuous passive motion (CPM).

Decision rationale: The patient presents with pain affecting the neck, head, right knee and the low and upper back. The current request is for Knee CPM soft goods. Reports provided show the patient underwent a right total knee arthroplasty on 1/17/14 and manipulation under anesthesia for the right knee on 10/24/14. The MTUS guidelines do not address the usage of Continuous Passive Motion devices. The ODG guidelines do recommend the usage of CPM devices for no more than 21 days following total knee arthroplasty. CPM devices are recommended for home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight. In this case, the current request does not specify a duration the CPM soft goods are to be used for. Furthermore, the subsequent request for a knee CPM rental is for 30 days and exceeds the 21 days recommended by the ODG, therefore the request for knee CPM soft goods are not medically necessary. Recommendation is for denial.

Knee CPM rental x30 days: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Knee/Leg Continuous passive motion (CPM).

Decision rationale: The patient presents with pain affecting the neck, head, right knee and the low and upper back. The current request is for Knee CPM rental x30 days. Reports provided show the patient underwent a right total knee arthroplasty on 1/17/14 and manipulation under anesthesia for the right knee on 10/24/14. The MTUS guidelines do not address the usage of Continuous Passive Motion devices. The ODG guidelines do recommend the usage of CPM devices for no more than 21 days following total knee arthroplasty. CPM devices are recommended for home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight. In this case, the current request for a knee CPM rental is for 30 days and exceeds the 21 days recommended by the ODG. There is no rationale by the physician in any of the documents provided as to why the patient requires treatment above and beyond the guidelines. Recommendation is for denial.

Q-Tech wrap and pad: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Knee/Leg Continuous-flow cryotherapy.

Decision rationale: The patient presents with pain affecting the neck, head, right knee and the low and upper back. The current request is for Q-Tech wrap and pad. The requesting treating physician report was not found in the documents provided. MTUS does not address the current request. ODG recommends continuous-flow cryotherapy, "as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." In this case, the current request for a Q-Tech wrap and pad does not specify a duration the equipment would be used for treatment and therefore does not satisfy guidelines as outlined by the ODG. Furthermore, the subsequent request for a Q-Tech cold therapy recovery system is for 21 days, which exceeds the 7 days as recommended by the ODG. If the request for a Q-tech cold therapy recovery system is not medically necessary, a Q-tech wrap and pad would not be medically necessary either. There is no rationale by the physician in any of the documents provided as to why the patient requires treatment above and beyond the guidelines. Recommendation for denial.

Q-Tech cold therapy recovery system x21 days: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Knee/Leg Continuous-flow cryotherapy.

Decision rationale: The patient presents with pain affecting the neck, head right knee and the low and upper back. The current request is for a Q-Tech cold therapy recovery system x21 days. The requesting treating physician report was not found in the documents provided. MTUS does not address the current request. ODG recommends continuous-flow cryotherapy, "as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." In this case, the current request for a Q-Tech cold therapy recovery system is for 21 days, which exceeds the 7 days as recommended by the ODG. There is no rationale by the physician in any of the documents provided as to why the patient requires treatment above and beyond the guidelines. Recommendation for denial.