

Case Number:	CM15-0104358		
Date Assigned:	06/08/2015	Date of Injury:	05/15/2014
Decision Date:	07/08/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 47 year old female, who sustained an industrial injury on 5/15/14. The injured worker has complaints of left knee pain. The documentation noted on 4/6/15 a review of systems was positive for weight loss/gain, sexual dysfunction, mood swings, anxiety, joint pain, muscle pain and joint swelling. The documentation noted that the medial and lateral joint line tenderness. The left knee examination reveals that there is a moderate suprapatellar effusion. The diagnoses have included full thickness articular cartilage loss of the left medial femoral condyle; almost full thickness articular cartilage loss of the patella and severely contracted patellofemoral joint with tight lateral retinaculum. Treatment to date has included injections; magnetic resonance imaging (MRI) of the left knee showed no evidence of meniscal tears, mild degenerative changes of posterior horn of medial meniscus, minimal to mild tricompartmental degenerative changes and small joint effusion; therapy and arthroscopic knee surgery. The request was for cold therapy unit for post-op pain and swelling; mobileg crutches times two; intermittent pneumatic compression devices times two for purchase and neuromuscular electrical stimulator and bone stimulator with garment and transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for post-op pain and swelling: 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 Knee - Continuous flow Cryotherapy.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and recommend a maximum need for only 7 days post-operative. This request for indeterminate amount of use and what appears to be a purchase request is not supported by Guidelines. There are no unusual circumstances to justify an exception to Guidelines. The open-ended request for a Cold therapy unit for post-op pain and swelling is not medically necessary and appropriate.

Mobileg crutches times two: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee walking aids.

Decision rationale: MTUS Guidelines do not address this issue in adequate detail. ODG Guidelines support the use of walking aids when off loading, the knee is medically necessary and this individual would qualify during her postoperative period. The Guidelines are silent regarding crutch types. The Mobileg has more ergonomically correct hand/shoulder positions than other crutch types, which would lessen the risk of derivative problems secondary to crutch use. In addition, the pricing is within the range of other crutch types. The Mobileg crutches X'2 (1 pair) is supported by Guidelines and is medically necessary and appropriate.

Intermittent pneumatic compression devices times two 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Compression Garments Venous Thrombosis.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue at some length and recommend venous thrombosis prophylaxis for individuals who have had total knee or hip replacements. The use of compression garment is not recommended during or after arthroscopic knee surgery and ambulation soon after surgery is recommended. No specific risk factors for embolism is documented which would support the use of compression garments and oral anticoagulants. At this point in time, there is not enough information to

support the purchase and use of bilateral compression garments. The request is not supported by Guidelines and they are not medically necessary and appropriate.

Neuromuscular electrical stimulator and bone stimulator with garment and TENS unit:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines Knee - Bone stimulation electrical.

Decision rationale: MTUS Guidelines do not support the use of neuromuscular electric stimulation and they also recommend postoperative use of a TENS unit be limited to 30 days post operatively. ODG Guidelines provide additional details regarding bone stimulation and do not recommend its use unless it is at least six weeks after a fracture and there is evidence of non- union. This individual does not meet these qualifications for bone stimulation. The request for the neuromuscular electrical stimulator and bone stimulator with garment and unspecified length of use for a TENS unit is not supported by Guidelines and is not medically necessary.