MAXIMUS Federal Services

Case Number:	CM15-0105721		
Date Assigned:	06/10/2015	Date of Injury:	07/05/2006
Decision Date:	07/31/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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: New York
Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old female sustained an industrial injury on 7/5/06. She subsequently reported knee pain. Diagnoses include osteoarthritis. Treatments to date include x-ray and MRI testing, knee surgery, physical therapy, and prescription pain medications. The injured worker continues to experience left knee pain. Upon examination, the surgical incision appears well-healed. Antalgic gait on the left side is noted. Range of motion was not tested as to not exacerbate the underlying problems. A request for Leg compression wrap x2 for purchase, cold therapy unit, 3 in 1 commode, Continuous Passive Motion (CPM), Limb compression unit for rental, crutches, front wheel walker and Home Health Aide 4-6hrs/day x 2 Weeks was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Leg compression wrap x2 for purchase: 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) Compression garments.

Decision rationale: Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The requested limb compression wrap (x2) for purchase is indicated after surgery. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Cold therapy unit: 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) Continuous-flow cryotherapy.

Decision rationale: Continuous-flow cryotherapy is 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 usage. However, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. Guidelines support use of the cryotherapy unit for up to 7 days of postoperative care. In this case, there is no documentation that the requested surgery is medically indicated at this time. Therefore, medical necessity of the cold therapy unit (14 day rental) has not been established. The requested item is not medically necessary.

Continuous Passive Motion (CPM): 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) Continuous passive motion (CPM).

Decision rationale: Continuous passive motion (CPM) is recommended for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. Routine home use of CPM has minimal benefit. Although research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application. Criteria for the use of continuous passive motion devices for the acute hospital setting include, postoperative use, which may be considered medically necessary, for 4-10 consecutive days (no more than 21), for a total knee arthroplasty (TKA) (revision and primary) an anterior cruciate ligament reconstruction (if inpatient care), or an open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. Criteria for home use, up to 17 days after surgery while patients are at risk of a stiff knee, are immobile, or unable to bear weight include, conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a TKA or revision. Recent literature suggests that routine home use of CPM has minimal benefit when combined with standard physical therapy, but studies conducted in a controlled hospital setting suggest that CPM can improve rehabilitation. The guidelines recommend the CPM unit for up to 17 days after surgery for home use. In this case, surgery is not medically necessary. In addition, the duration of this item was not provided. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Limb compression unit for 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) Compression garments.

Decision rationale: Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The requested limb compression unit for rental is indicated after surgery. However, the duration of this item was not provided. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

3 IN 1 commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' compensation, Online Edition, Knee and Leg, Durable Medical Equipment.

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

Decision rationale: 3-In-1 commodes can be used bedside for those who may not be mobile enough to walk to the bathroom. They can also be used in the bathroom as an elevated toilet seat or as toilet safety rails when combined with most standard toilets. There is no documentation indicating that the patient is bed or room confined. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' compensation, Online Edition, Knee and Leg, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Walking Aids (canes, crutches, braces, orthoses, and walkers).

Decision rationale: In this case, there is no documentation that the requested surgery is medically indicated at this time. There is no evidence that this patient has an inability to move within her residence. There is no specific indication for a walking aid. Therefore, the requested crutches are not medically necessary.

Front Wheel Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' compensation, Online Edition, Knee and Leg, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Walking Aids (canes, crutches, braces, orthoses, and walkers).

Decision rationale: According to the ODG, walking aids are recommended based on disability, pain, and age-related impairments. In this case, there is no documentation that the requested surgery is medically indicated at this time. There is no evidence that this patient has an inability to move within her residence. There is no specific indication for a walking aid. Therefore, the requested front-wheeled walker is not medically necessary.

Home Health Aide 4-6hrs/day x 2 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health aide Page(s): 51.

Decision rationale: Home health services are recommended on a short-term basis following major surgical procedures or in-patient hospitalization, to prevent hospitalization, or to provide longer-term in-home medical care and domestic care services for those whose condition is such that they would otherwise require inpatient care. Home health care is the provision of medical and other health care services to the injured or ill person in their place of residence. Home health services include both medical and non-medical services deemed to be medically necessary for patients who are confined to the home (home-bound) and who require one or all of the following: (1) Skilled care by a licensed medical professional for tasks including, but not limited to, administration of intravenous drugs, dressing changes, occupational therapy, physical therapy, and speech-language pathology services; and/or (2) Personal care services for tasks and assistance with activities of daily living that do not require skills of a medical professional, such as bowel and bladder care, feeding, bathing, dressing and transfer and assistance with administration of oral medications; and/or (3) Domestic care services such as shopping, cleaning, and laundry that the individual is no longer capable of performing due to the illness or injury that may also be medically necessary in addition to skilled and/or personal care services. Domestic and personal care services do not require specialized training and do not need to be performed by a medical professional. Guidelines recommend home health services for patients who are home-bound, on a part-time or intermittent basis, generally up to no more than 35 hours/week. In this case, the home health aide is requested for 4-6 hours/day for 2 weeks. The requested surgery (left total knee replacement) is not medically necessary at this time. Therefore, medical necessity for the requested services has not been established. The requested services are not medically necessary.