

Case Number:	CM15-0134668		
Date Assigned:	07/22/2015	Date of Injury:	02/26/2013
Decision Date:	09/24/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female who sustained an industrial injury on 2/26/13 when she tripped and injured her right knee. She was medically evaluated, had x-rays of the right knee showing evidence of medial joint space narrowing compatible with pre-existing degenerative joint disease and Synvisc injection with no benefit (per 1/14/14 note). She has a prior history of arthroscopic surgery. She currently complains of pain and stiffness in the right knee since 4/20/15 total knee replacement. It was unclear if assistive devices were necessary for ambulation post-operatively. Specifics regarding activities of daily living were not available for review. Medications were Ambien, Percocet, and Tramadol. Diagnoses include status post right total knee replacement (4/20/15); status post closed manipulation right knee (6/17/15). Treatments to date include Synvisc One injection (1/8/15) with five days of improvement in pain (per 2/5/15 note); medications. Diagnostics include MRI of the right knee (6/3/13) showing cartilage damage. On 6/9/15 the treating provider requested vascutherm, 21 day rental; compression therapy pad, one for purchase; KCMP, 21 day rental; sheepskin pad, one for purchase; walker, one for purchase; commode, for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm for 21 day rental, right knee: 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 Chapter, 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) Shoulder, Continuous-flow Cryotherapy.

Decision rationale: Per internet search, Vascutherm is a device which combines compression, localized thermal therapy, contrast therapy, and DVT prophylaxis. The MTUS is silent on the use of cold therapy units. Per the ODG guidelines: "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 injured worker underwent a total right knee replacement on 4/20/15. The guidelines only support the use of cryotherapy devices for 7 days postoperatively. The request is not medically necessary.

Compression therapy pad for purchase, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Compression garments.

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, Compression garments.

Decision rationale: Per the ODG guidelines regarding compression garments: Recommended. 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 elangiectases 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. (Partsch, 2008) (Nelson-Cochrane, 2008) See also Lymphedema pumps; Venous thrombosis. As the requested vascutherm rental was not medically necessary, the request for compression therapy pad for purchase is not medically necessary.

KCPM for 21 day rental, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Continuous passive motion (CPM).

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, Continuous passive motion (CPM).

Decision rationale: Per the ODG guidelines regarding CPM: Recommended as indicated below, 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. A Cochrane review on this topic concluded that short-term use of CPM leads to greater short-term range of motion. Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary) (2) Anterior cruciate ligament reconstruction (if inpatient care) (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint (BlueCross BlueShield, 2005) For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. The injured worker underwent a total right knee replacement on 4/20/15. The documentation submitted for review indicates that the injured worker has been utilizing CPM after the surgery and a 30-day extension of use was requested. However, there was no subjective or objective benefit documented from use. There is no documentation meeting the aforementioned criteria. As such, the request is not medically necessary.

Sheepskin pad for purchase, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://medicalsheepskins.com>.

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

Decision rationale: The Official Disability Guidelines state 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. The

guidelines are silent regarding the use of sheepskin pads. The documentation submitted for review does not sufficiently establish medical necessity of the request. The request is not medically necessary.

Walker for purchase, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Medicare National Coverage Determinations Manual.

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

Decision rationale: Recommended, as indicated below, almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003) There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. The injured worker underwent a total right knee replacement on 4/20/15. This was over two months prior to the request. The medical records contained no documentation with regard to mobility or rationale for the request. Absent any indications, the request for walker purchase is not medically necessary.

Commode for purchase, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, 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, Durable Medical Equipment (DME).

Decision rationale: The Official Disability Guidelines state 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. The injured worker underwent a total right knee replacement on 4/20/15. This was over two months prior to the request. The medical records contained no documentation with regard to mobility or rationale for the request. Absent any indications, the request for commode purchase is not medically necessary.