

Case Number:	CM15-0168970		
Date Assigned:	08/31/2015	Date of Injury:	04/22/2012
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/27/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 49 year old male, who sustained an industrial injury on 4-22-2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include status post bilateral knee arthroscopy, and status post bilateral total knee replacement and subsequent manipulation under anesthesia of the left knee. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing right knee pain and loss of motion. On 6-1-15, the physical examination documented right knee effusion and decreased range of motion, the treating diagnosis was persistence of adhesions in the right knee. The plan of care included right knee surgery, lysis of adhesions. The appeal requested authorization of a vascutherm plus wrap for four weeks, DVT prophylaxis devise plus wraps for the right total knee arthroplasty, post-operative home health physical therapy once a week for four weeks, and outpatient physical therapy twice a week for ten weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Vascutherm plus wrap for the right knee, 4 week rental:
 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, Vasopneumatic devices and Venous thrombosis.

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 section, venous thrombosis.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy or deep vein thrombosis prophylaxis for knee surgery. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anti-coagulation therapy." In this case, the exam notes from 6/1/15 do not justify objective evidence to support a need for DVT prophylaxis. Therefore the request for VascuTherm is not medically necessary and appropriate.

Associated Surgical Service: DVT prophylaxis device plus wraps for the 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, Vasopneumatic devices and Venous thrombosis.

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 section, venous thrombosis.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy or deep vein thrombosis prophylaxis for knee surgery. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anti-coagulation therapy." In this case, the exam notes from 6/1/15 do not justify objective evidence to support a need for DVT prophylaxis. Therefore, the request for VascuTherm is not medically necessary and appropriate.

Post operative home health physical therapy for the right knee, once a week for four weeks:
Upheld

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

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, home health service.

Decision rationale: CA MTUS/ACOEM is silent on the issue of home physical therapy. According to ODG, Knee and Leg, home health services including physical therapy are only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 6/1/15 that the patient is home bound. There is no other substantiating reason why home health physical therapy is required. Therefore, the request is not medically necessary.

Post operative outpatient physical therapy for the right knee, twice a week for ten weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 26-27.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Knee, page 24-25 the recommended amount of postsurgical treatment visits allowable are: Manipulation under Anesthesia (knee) [DWC]: Postsurgical treatment: 20 visits over 4 months. The guidelines recommend initial course of therapy to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case, the request exceeds the 10 visits initially recommended. Therefore, the request is not medically necessary.