

Case Number:	CM15-0024725		
Date Assigned:	02/17/2015	Date of Injury:	10/24/2004
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 38 year old, male patient, who sustained an industrial injury on 10/24/2004. A primary treating office visit dated 01/06/2015 reported the patient status post right knee hemiarthroplasty 11/2014, 2011 hardware removal procedure and 2009 initial L5-S1 fusion. He is noted being permanent and stationary. Of note, the surgeon had the patient taking Fentanyl patch in conjunction with Norco 10/325 MG, managing pain control, but the patient has been taking more Norco than prescribed, is now out of supply and requesting some patches to help with the increased pain. In addition, he is prescribed Ativan and Flexeril. He is also stated as participating in therapy sessions. He is diagnosed with chronic narcotic pain medication dependence, chronic low back pain apparently flared with surgery and status post right knee hemiarthroplasty. A request was made for the following; diagnostic medical equipment cold therapy with wrap, 35-day rental; knee immobilizer purchase and continuous passive motion machine 30-day rental. On 01/12/2015, Utilization Review, non-certified the request, noting the ACOEM, Application of Heat/Cold, and the ODG, Knee, continuous flow cryotherapy machine were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Cold Therapy Recovery System with Wrap-35 Day Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Official Disability Guidelines (ODG) Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back (Lumbar and Thoracic), Lumbar Support <http://www.deroyal.com/medicalproducts/orthopedics/product.aspx?id=pc-temptherapy-coldtherunit>

Decision rationale: MTUS is silent on the use of cold therapy units. ODG for heat/cold packs states recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007). The use of devices that continually circulate a cooled solution via a refrigeration machine have not been shown to provide a significant benefit over ice packs. As such, the request for Q-Tech Cold Therapy Recovery System with Wrap-35 Day Rental is not medically necessary.

Knee CPM With Pads 30 Day 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)

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

Decision rationale: MTUS is silent with regards to a Continuous Passive Motion (CPM) unit. ODG states, 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. ODG further quantifies, 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. Medical records indicate that the patient is in excess of the acute hospital setting. The request for 30 days is in excess of the 21-day limit placed for acute hospital setting and 17 day at home setting. The treatment notes do not specify extenuating circumstances why regular physical therapy cannot be initiated or why an exception to guidelines should be granted. As such, the request for Knee CPM With Pads 30 Day Rental is not medically necessary at this time.