

Case Number:	CM15-0028419		
Date Assigned:	02/20/2015	Date of Injury:	09/14/2012
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/16/2015

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: Physical Medicine & Rehabilitation

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 55 year old female who sustained an industrial injury on 9/14/12. She currently complains of chronic left knee pain. Medications include Tylenol with codeine. Diagnoses include left total knee arthroscopy (12/8/14for medial meniscal tear; arthritis of the left knee. Treatments to date include multiple therapies without improvement in pain per progress note7/21/14. Diagnostics include x-rays of bilateral knees (7/20/14) and (1/12) which were abnormal. Progress note dated 12/8/14 indicates that injured worker will go home after surgery. On 1/21/15 Utilization review non-certified the retrospective requests for Vascutherm/compression X 14 Days rental with Pad Purchase; 3-1 Commode; Knee Hab Purchase DOS 12/9/14 citing ODG-TWC: Knee and Leg Procedure Summary; ODG-TWC: Procedure Summary: Durable Medical Equipment respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review: Vascutherm/Compression x 14 days rental with pad purchase, DOS 12-9-14: 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, page 292

Decision rationale: Per manufacturer, the vascutherm device provides compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The provider has requested for this vascutherm compression unit; however, has not submitted reports of any risk for deep venous thrombosis resulting from required non-ambulation, immobility, obesity or smoking factors. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of vascutherm compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after for the purchase of this unit recently modified for 7 day rental. The Retrospective review: Vascutherm/Compression x 14 days rental with pad purchase, DOS 12-9-14 is not medically necessary and appropriate.

Retrospective review: 3-1 Commode DOS 12-9-14: 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), Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Durable medical equipment (DME), pages 297-298

Decision rationale: Although the ACOEM and MUTS guidelines do address durable medical equipment, ODG states they are generally recommended when there is a medical need or if the device or system meets Medicare's definition and criteria. The Guidelines note that although most bathroom and toilet supplies do not serve a medical purpose, certain medical conditions resulting in physical limitations that require environmental modifications for prevention of injury are considered not primarily medical in nature. Regarding DME toilet items such as commodes, they are medically necessary if the patient is bed- or room-confined may be prescribed as part of a medical treatment for significant injury or infection resulting in physical limitations. Submitted reports have not adequately demonstrated support for this DME as medically indicated and have failed to identify any physical limitations requiring such a DME. The Retrospective review: 3-1 Commode DOS 12-9-14 is not medically necessary and appropriate.

Retrospective review: Kneehab Purchase, DOS 12-9-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES device). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month TENS rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient is without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated from any prior NMES use for the NMES purchase. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this chronic injury. There is no documented failed trial of TENS unit, PT treatment, nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The patient's work status has remained unchanged. The Retrospective review: Kneehab Purchase, DOS 12-9-14 is not medically necessary and appropriate.