

<b>Case Number:</b>	CM15-0213096		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 63 year old male who sustained an industrial injury on 5-14-12. Medical records indicate that the injured worker has been treated for right knee effusion; failed total knee arthroplasty; gout; gastroesophageal reflux disease. He currently (10-1-15) complains of ongoing right knee pain, swelling. He has had intermittent low grade fevers at night. His pain level was 10 out of 10. The physical exam of the right knee revealed moderate effusion, limited range of motion, pitting edema in the ankle. The 9-10-15 orthopedic evaluation noted warmth of the right knee but that it was expected since there was a spacer inserted. Diagnostics include x-rays of the right knee (7-23-15) showing metal implant in distal femur with spacer on tibia; x-rays prior to the above showed stable total knee arthroplasty implant without obvious complication; outside x-ray showing stable right total knee arthroplasty with partial medial compartment replacement; bone scan (per 5-19-15 note was unremarkable for complex regional pain syndrome. Treatments to date include status post right medial partial knee replacement (7-23-14); total knee arthroplasty (12-17-14); removal of implants and placement of spacers (7-13-15); frequent knee aspirations; cortisone injections of the knee without improvement; knee brace; physical therapy; medication: Dilaudid, Protonix, aspirin, Ambien; laboratory evaluations for bacteria and these were negative; sedimentation and C-reactive protein levels were trending down. The request for authorization dated 9-22-15 was for 21 day extension of continuous passive motion unit for the right knee (9-1-15 - 9-21-15); rental of Vascutherm times 30 days (9-2-15- 10-1-15). On 10-29- 15 Utilization Review non-certified the retrospective requests for rental of Vascutherm times 30 days (9-2-15- 10-1-15); extension of continuous passive motion unit times 21 days for the right knee (9-1-15- 9-21-15).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective Rental of Vascultherm x 30 days (09/02/2015-10/01/2015): 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); Aetna.

**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 (Acute & Chronic), Cold/heat packs.

**Decision rationale:** The claimant sustained a work injury in May 2012 when he had right knee pain while demonstrating use of a knee pad. He was found to have a meniscal tear and had two arthroscopic knee surgeries. He underwent a partial knee replacement in July 2014 and revision surgery where a total knee replacement was done in December 2014. He continued to have pain and swelling and underwent frequent joint aspirations, arthroscopic debridement of scar tissue, and, in July 2015, the knee prosthesis was removed and a spacer was placed. When seen in September 2015 he was having ongoing knee pain with stiffness, swelling, and warmth. Physical examination findings included a large joint effusion and warmth. Range of motion was referenced as decreased but not further quantitated. There was an antalgic gait. His body mass index was over 41. When seen by his orthopedic surgeon, a knee joint aspiration was attempted with ultrasound without much fluid obtained. Dilaudid was prescribed. He was weight-bearing with a walker and knee immobilizer. He was using a CPM machine and VasculTherm unit which were providing compression and resulting in symptomatic improvement. Authorization is being requested for extended use of CPM and a VasculTherm unit. The requested VasculTherm unit provides compression and localized heat and cold thermal therapy. Indications include edema reduction, lymphedema, chronic venous or arterial insufficiency, and pain. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities and the use of compressive wraps would be expected to meet the claimant's needs. The requested extended VasculTherm rental is not medically necessary.

### **Retrospective Extension of CPM x 21 days for right knee (09/01/2015-09/21/2015): 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 Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Continuous passive motion (CPM).

**Decision rationale:** The claimant sustained a work injury in May 2012 when he had right knee pain while demonstrating use of a knee pad. He was found to have a meniscal tear and had two arthroscopic knee surgeries. He underwent a partial knee replacement in July 2014 and revision surgery where a total knee replacement was done in December 2014. He continued to have pain and swelling and underwent frequent joint aspirations, arthroscopic debridement of scar tissue, and, in July 2015, the knee prosthesis was removed and a spacer was placed. When seen in September 2015 he was having ongoing knee pain with stiffness, swelling, and warmth. Physical examination findings included a large joint effusion and warmth. Range of motion was referenced as decreased but not further quantitated. There was an antalgic gait. His body mass index was over 41. When seen by his orthopedic surgeon, a knee joint aspiration was attempted with ultrasound without much fluid obtained. Dilaudid was prescribed. He was weight-bearing with a walker and knee immobilizer. He was using a CPM machine and VascuTherm unit which were providing compression and resulting in symptomatic improvement. Authorization is being requested for extended use of CPM and a VascuTherm unit. CPM after knee surgery in the acute hospital setting may be considered medically necessary for 4-10 consecutive days and for no more than 21 days after total knee arthroplasty, anterior cruciate ligament reconstruction, or open reduction and internal fixation of a tibial plateau or distal femur fracture. For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight can be considered. In this case, the total duration requested is in excess of guideline recommendations. Revision arthroplasty is being planned which would be the definitive treatment. The request is not considered medically necessary.