

Case Number:	CM15-0035180		
Date Assigned:	03/03/2015	Date of Injury:	08/07/2010
Decision Date:	05/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/24/2015

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: Minnesota, Florida
 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 41 year old male with an industrial injury date of 08/07/2010. He presented on 12/29/2014 with a complaint of chronic pain in his knees bilaterally. The injured worker was status post left knee surgery and had been approved for right knee surgery as well, however authorization had expired. He ambulated with a 1 pointed cane. There was spasm and tenderness over the paravertebral muscles of the lumbar spine with decreased range of motion on forward flexion and extension. MRI of the left knee dated 10/20/2014 showed posterior horn medial meniscal tear. Diagnoses: Lumbosacral radiculopathy. Knee Tend/Bursitis. Meniscal tear medial. On 02/05/2015 utilization review issued non-certification for the following retrospective request: Q tech cold therapy recovery system. Pro ROM post-operative knee brace. Crutches tall/adult left under arm. Wrap cold therapy multi use. Half leg lymphedema garment ODG was cited. The utilization review physician also noted there was no operative report or perioperative data supplied which might support the medical necessity of the requested post-operative equipment. The provider has submitted additional records indicating the surgical procedure and date of surgery. The injured worker underwent arthroscopy and partial medial meniscectomy of the right knee on January 16, 2015. The diagnosis is meniscal tear, medial, right knee; tendinitis/bursitis, right knee; and lumbosacral radiculopathy.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee chapter; Continuous -flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Continuous flow cryotherapy.

Decision rationale: With regard to cold therapy, ODG guidelines indicate continuous-flow cryotherapy as an option after arthroscopy of the knee. The recommended post-operative use is for 7 days. The request as stated for Q- tech cold therapy recovery system does not specify whether this is a rental or purchase and if rental, it does not indicate the duration of the rental. As such, the medical necessity of the request cannot be determined. Therefore the request is not medically necessary.

Pro ROM (range-of-motion) post-operative knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee chapter; Knee brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Knee braces.

Decision rationale: With regard to pro ROM (range of motion) postoperative knee brace, the ODG guidelines recommend prefabricated knee braces for knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, and meniscal cartilage repair. A knee brace is not recommended after arthroscopy and partial meniscectomy. As such, the request for a range of motion postoperative knee brace is not supported and the medical necessity of the request has not been substantiated. Therefore the request is not medically necessary.

Crutches, tall/ adult L Wunderarm: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee chapter; Walking aids, crutches.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Walking aids.

Decision rationale: With regard to the request for crutches, ODG guidelines indicate walking aids are recommended after knee surgery. As such, the request is appropriate and the medical necessity is established.

Wrap, Cold-Therapy multi-use: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee chapter; Continuous -flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Continuous flow cryotherapy.

Decision rationale: With regard to cold therapy multiuse wrap, the purchase is recommended as part of the continuous-flow cryotherapy. The Q-tech cold therapy recovery system was used for an unknown period of time. This is a retro- review of the medical necessity of the cold therapy wrap. Despite the unknown period of use, purchase of the wrap was appropriate and as such, the medical necessity is established.

Half-leg Lymphedema garment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee chapter; Compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Lymphedema garments.

Decision rationale: With regard to the half leg lymphedema garment, ODG guidelines recommend compression garments. Strong compression stockings are effective in preventing progression of postthrombotic syndrome as well as prevention of lymphedema. As such, the request is appropriate and the medical necessity is established.