MAXIMUS Federal Services

Case Number:	CM15-0038479		
Date Assigned:	03/09/2015	Date of Injury:	07/13/2013
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/02/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 28-year-old female, who sustained a work injury as a lead manager on 7/13/13 while setting up clothing racks in the parking area and developed a pulling pain in the low back area. All areas of injury included neck, back, and bilateral knees. She has reported symptoms of mild to moderate and localized pain in the left knee. Prior medical history was not documented. The diagnoses have included partial thickness intra-substance tears of the anterior cruciate ligament and mild to moderate tendinitis of the patellar tendon. Treatments to date included medication, acupuncture (12 sessions), and physical therapy (36 sessions). Diagnostics included a Magnetic Resonance Imaging (MRI) that demonstrated lateral meniscus: curvilinear horizontally directed tear of the medial aspect of the posterior horn; medial meniscus: oblique tear of the lateral aspect of the posterior horn; anterior cruciate ligament: two foci of intrasubstance tears. Medications included Carisoprodol, Orphenadrine, Diclofenac, Hydrocodone, Citalopram, and Pantoprazole. The treating physician's report (PR-2) from 12/17/14 indicated the injured worker complained of constant, mild to moderate and localized pain to the left knee with weakness and buckling. Pain was rated at 9/10.Upon examination, there was no atrophy, visible or palpable swelling, effusion, or increased heat. There were no scars and there was normal positioning. Upon palpation, there was tenderness in the medial and lateral joint lines and medial femoral condyle. McMurray's sign was positive, grade 1 ligamentous laxity of the medial and lateral collateral ligaments. Active range of motion was 140 degrees and extension was 0 degree. Motor strength was 4/5 in the quadriceps and hamstring muscles. On 2/5/15, Utilization Review non-certified Continuous passive motion unit for thirty day rental;

and modified Q-Tech recovery system for thirty days' rental to Q-Tech recovery system for 7 days rental, citing the California Medical Treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion unit for thirty day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 - 117.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - knee chapter and CPM pg 18.

Decision rationale: According to the guidelines, CPM is 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.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. 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 exercisesfollowing 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. In this case, the surgeon requested the CPM prior to the surgery. There was no indication of how the claimant would respond to post-op therapy. The guidelines recommend up to 17 day use if the knee is at risk of stiffening or the claimant cannot bear weight. The request for CPM is early and length beyond that recommended by the guidelines. As a result, the CPM is not medically necessary.

Q-Tech recovery system for thirty days' rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter and VTE prophylaxis pg 69.

Decision rationale: The Q-tech system offers cold therapy and venous embolism protection. According to the guidelines, the prophylaxis for VTE during and after surgery is best managed

with anticoagulation. In addition, cold therapy is indicated shortly after injury or surgery. In this case, the use of a Q-tech system for 30 days is not required or medically necessary.