

Case Number:	CM15-0046843		
Date Assigned:	03/19/2015	Date of Injury:	02/18/2008
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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 58 year old female with an industrial injury dated February 18, 2008. The injured worker diagnoses include knee osteoarthritis, pain in limb, history of total knee replacement, internal derangement of right knee, failed left knee replacement with secondary scar, and left knee revision. She has been treated with diagnostic studies, prescribed medications, occupational therapy, physical therapy and periodic follow up visit. In a progress report dated 10/13/2014, the treating physician noted deformity, scarring, crepitus and severe tenderness of palpitation of the left knee. The treating physician requested left knee revision surgery. The injured worker underwent revision of the left knee with change of implants, excision of scar arthrotomy, gross synovectomy and quadriceps plasty on December 19, 2014. The treating physician prescribed half leg wrap, knee continuous passive motion with pads and Q Tech cold therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Half leg wrap: 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 & Leg, Compression Garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg chapter: Compression Garments.

Decision rationale: According to the 01/05/2015 report, this patient presents with "swelling and redness of the left knee area." The current request is for Half leg wrap but the treating physician's report and request for authorization containing the request is not included in the file. The patient's work status was not mentioned in the file for review. Regarding Compression Garments, the ODG states "Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis. High levels of compression produced by bandaging and strong compression stockings 30-40 mmHg are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema." Based on the medical reports provided for review, the patient is status post "failed left knee replacement with secondary scar on 12/19/2014." In this case, the requested leg wrap appears to be for the management of post-operative edema. However, the treating physician does not provided a reason for the request. There is no mention of prevention of DVT or vascular/lymphatic insufficiency in the notes following surgery. ODG supports the use of compressive garments for the prevention of DVT or in cases vascular/lymphatic insufficiency. Without a clearer statement as to why such compression garments are required for this patient, the medical necessity cannot be substantiated. Therefore, this request IS NOT medically necessary.

Knee continuous passive motion with pads: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee & leg chapter: CPM for knee condition.

Decision rationale: According to the 01/05/2015 report, this patient presents with "swelling and redness of the left knee area." The current request is Knee continuous passive motion with pads but the treating physician's report and request for authorization containing the request is not included in the file. However, the Utilization Review modified the request to '6 week rental.' Regarding continuous passive motion, MTUS and ACOEM Guidelines do not address CPM; so ODG Guideline was referenced. ODG states "Postoperative use may be considered medically necessary in the acute hospital setting, for 4-10 consecutive days (no more than 21)" for total knee arthroplasty, anterior cruciate ligament reconstruction, and open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. Based on the

medical reports provided for review, the patient is 17 day status post failed left knee replacement; the use of continuous passive motion is considered medically necessary. However, the treating physician does not indicate the duration of the request. As ODG guidelines do not support the use of CPM more than 21 days post operative. The medical necessity cannot be substantiated at this time; therefore, this request IS NOT medically necessary.

Q Tech cold therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & leg chapter, DME Knee & leg chapter, continuous-flow cryotherapy.

Decision rationale: According to the 01/05/2015 report, this patient presents with "swelling and redness of the left knee area." The current request is Q Tech cold therapy but the treating physician's report and request for authorization containing the request is not included in the file. However, the Utilization Review modified the request to '3 week rental.' Regarding cold therapy, ODG guidelines "recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." Review of the provided reports show the patient is 17 day status post left knee replacement. The use of a Q-Tech Cold Therapy System appears reasonable; however the treating physician does not indicate the duration of the request. ODG guidelines support the use of cold therapy up to 7 days. The medical necessity cannot be substantiated at this time; therefore, this request IS NOT medically necessary.