

Case Number:	CM15-0072881		
Date Assigned:	05/12/2015	Date of Injury:	08/15/2011
Decision Date:	10/02/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/16/2015

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, Oregon, Washington
 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 60-year-old male, who sustained an industrial injury on 08/15/2011. He has reported subsequent left foot and right knee pain and was diagnosed with degenerative joint disease of the right knee and status post right total knee replacement on 02/18/2015. Treatment to date has included oral pain medication, surgery, post-operative therapy, knee injections and bracing. In a physical therapy evaluation note dated 02/23/2015, the injured worker complained of reddened area on front of right lower extremity and 10/10 right knee pain status post right total knee replacement with inability to walk due to pain. The injured worker was noted to have been diagnosed with osteomyelitis. In a secondary treating physician's note dated 03/04/2015, the injured worker denied any fever, chills, nausea or vomiting, the incision of the right knee was noted to be healing well, there were no signs or symptoms of infection and ankle cellulitis was noted to have resolved. A request for authorization of right knee IPC DVT therapy device, one month rental, purchase of a right knee pressure pneumatic appliance, right knee CPM, one month rental, purchase of right knee cold therapy system with pad and wrap, right knee EMS unit, one month rental, right knee electrodes, one month supply, one month supply of batteries and purchase of a right knee CPM pad/kit was submitted. There was no explanation as to the reason for these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee IPC DVT therapy device, one month rental: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Compression Garments.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements as an inpatient. In this patient, there is no documentation of a history of increased risk of DVT. The AAOS and Chest guidelines do not recommend an intermittent compression device once a patient is ambulatory. Therefore medical necessity cannot be established and therefore the determinations for non-certification for the requested device. The use of an outpatient pneumatic compression device is not medically necessary as it is not in accordance with nationally accepted standards of medical practice. While the use of a pneumatic compression device is clinically appropriate in an inpatient setting, their utility has not been demonstrated in an outpatient setting once the postoperative total knee arthroplasty patient is ambulatory. There are recommendations from the American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (9th edition) that discuss the prevention of venous thromboembolism in orthopedic surgery patients. One of the recommendations is: "In patients undergoing total hip arthroplasty (THA) or total knee arthroplasty (TKA), we recommend use of one of the following for a minimum of 10 to 14 days rather than no antithrombotic prophylaxis: low-molecular-weight heparin (LMWH), fondaparinux, apixaban, dabigatran, rivaroxaban, low- dose unfractionated heparin (LDUH), adjusted-dose vitamin K antagonist (VKA), aspirin (all Grade 1B), or an intermittent pneumatic compression device (IPCD) (Grade 1C)." There is nothing in the medical record that documents that this patient is intolerant or has a contraindication to low-molecular-weight heparin, low-dose unfractionated heparin, or adjusted- dose vitamin K antagonist. An additional recommendation from the American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (9th edition) is that: "In patients undergoing major orthopedic surgery, we suggest using dual prophylaxis with an antithrombotic agent and an IPCD during the hospital stay (Grade 2C)." This recommendation states that the use of an intermittent pneumatic compression device is only indicated in the inpatient setting and is not recommended in the outpatient setting once the patient is ambulatory. The American Academy of Orthopaedic Surgeons has also released their guidelines for deep venous thrombosis prophylaxis in arthroplasty patients. The AAOS has stated: "In the absence of reliable evidence, it is the opinion of this work group that patients undergoing elective hip or knee arthroplasty, and who also have a known bleeding disorder (e.g., hemophilia) and/or active liver disease, use mechanical compressive devices for preventing venous thromboembolism." There is no evidence on the medical record that this patient has a known bleeding disorder and/or active liver disease.

Purchase of a right knee pressure pneumatic appliance: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Compression Garments.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommended to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements as an inpatient. In this patient there is no documentation of a history of increased risk of DVT. The AAOS and Chest guidelines do not recommend an intermittent compression device once a patient is ambulatory. Therefore medical necessity cannot be established and therefore the determinations for non-certification for the requested device. The use of an outpatient pneumatic compression device is not medically necessary as it is not in accordance with nationally accepted standards of medical practice. While the use of a pneumatic compression device is clinically appropriate in an inpatient setting, their utility has not been demonstrated in an outpatient setting once the postoperative total knee arthroplasty patient is ambulatory. There are recommendations from the American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (9th edition) that discuss the prevention of venous thromboembolism in orthopedic surgery patients. One of the recommendations is: "In patients undergoing total hip arthroplasty (THA) or total knee arthroplasty (TKA), we recommend use of one of the following for a minimum of 10 to 14 days rather than no antithrombotic prophylaxis: low-molecular-weight heparin (LMWH), fondaparinux, apixaban, dabigatran, rivaroxaban, low-dose unfractionated heparin (LDUH), adjusted-dose vitamin K antagonist (VKA), aspirin (all Grade 1B), or an intermittent pneumatic compression device (IPCD) (Grade 1C)." There is nothing in the medical record that documents that this patient is intolerant or has a contraindication to: low-molecular-weight heparin, low-dose unfractionated heparin, or adjusted-dose vitamin K antagonist. An additional recommendation from the American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (9th edition) is that: "In patients undergoing major orthopedic surgery, we suggest using dual prophylaxis with an antithrombotic agent and an IPCD during the hospital stay (Grade 2C)." This recommendation states that the use of an intermittent pneumatic compression device is only indicated in the inpatient setting and is not recommended in the outpatient setting once the patient is ambulatory. The American Academy of Orthopaedic Surgeons has also released their guidelines for deep venous thrombosis prophylaxis in arthroplasty patients. The AAOS has stated: "In the absence of reliable evidence, it is the opinion of this work group that patients undergoing elective hip or knee arthroplasty, and who also have a known bleeding disorder (e.g., hemophilia) and/or active liver disease, use mechanical compressive devices for preventing venous thromboembolism." There is no evidence on the medical record that this patient has a known bleeding disorder and/or active liver disease.

Right knee CPM, one month rental: 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 Chapter.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. As the guideline criteria have not been met the determination is for non-certification.

Purchase of a right knee cold therapy system with pad and 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 Chapter.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, the request has an unspecified amount of days. Therefore the determination is for non-certification and is not medically necessary.

Right knee EMS unit, one -month rental: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: CA MTUS/ACOEM Chapter 13, Knee complaints, page 339 states that, "some studies have shown that transcutaneous electrical neurostimulation (TENS) units and acupuncture may be beneficial in patients with chronic knee pain, but there is insufficient evidence of benefit in acute knee problems." Therefore the decision to prescribe a TENS unit in the immediate, acute, postoperative setting is not supported by the guidelines above and determination is for non-certification and is not medically necessary.

Right knee electrodes, one month supply: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: CA MTUS/ACOEM Chapter 13, Knee complaints, page 339 states that, "some studies have shown that transcutaneous electrical neurostimulation (TENS) units and acupuncture may be beneficial in patients with chronic knee pain, but there is insufficient evidence of benefit in acute knee problems." Therefore the decision to prescribe a TENS unit in the immediate, acute, postoperative setting is not supported by the guidelines above and determination is for non-certification and is not medically necessary.

One month supply of batteries: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: CA MTUS/ACOEM Chapter 13, Knee complaints, page 339 states that, "some studies have shown that transcutaneous electrical neurostimulation (TENS) units and acupuncture may be beneficial in patients with chronic knee pain, but there is insufficient evidence of benefit in acute knee problems." Therefore the decision to prescribe a TENS unit in the immediate, acute, postoperative setting is not supported by the guidelines above and determination is for non-certification and is not medically necessary.

Purchase of a right knee CPM pad/kit: 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 Chapter.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. As the guideline criteria have not been met the determination is for non-certification and is not medically necessary.