

Case Number:	CM14-0133157		
Date Assigned:	09/18/2014	Date of Injury:	09/21/2000
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57-year-old female sustained an industrial injury on 9/21/00. Injury was sustained when her right foot got caught in a pallet and twisted her knee. She underwent two right knee arthroscopies. The 3/22/12 right knee MRI revealed moderate to severe degenerative arthritic change with tricompartmental osteophytic spur formation. The 8/4/14 treating physician report cited right knee pain especially at night and with standing and walking. There was give-way weakness and limitation in anterior cruciate ligament. Conservative treatment had included intra-articular injections, physical therapy, cane, medications, and activity modification. Right knee exam documented medial and lateral joint line tenderness, patellofemoral joint tenderness, crepitus with range of motion, flexion/extension weakness, and antalgic gait on the right. Range of motion was -10 to 90 degrees. Right total knee arthroplasty and associated post-op durable medical equipment and medication were requested. The patient was approved for the right total knee arthroplasty. The 8/12/14 utilization review modified the request for a cold therapy unit for 7 weeks rental to 7 days consistent with guidelines. The request for a deep vein thrombosis (DVT) unit rental for 7 weeks was denied as anticoagulation and compression stockings were recommended by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase or Rental of Motorized Cold Therapy Unit Between 08/11/2014 and 09/25/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, CFC

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 8/12/14 utilization review decision recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request is not medically necessary.

Purchase or Rental of Deep Vein Thrombosis Unit Between 08/11/2014 and 09/25/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (Web), 2014, Knee and 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, Venous Thrombosis

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guidelines indicate mechanical compression should be utilized for total knee arthroplasty for all patients in the recovery room and during the hospital stay. Guideline criteria have not been met. This request for a 7-week rental of a DVT unit markedly exceeds the recommendation for in hospital utilization. Anticoagulation has been prescribed for this patient. There is no documentation that anticoagulation therapy and standard compression stockings would be insufficient for post-hospital DVT prophylaxis. Therefore, this request is not medically necessary.