

Case Number:	CM14-0137795		
Date Assigned:	09/10/2014	Date of Injury:	01/24/2011
Decision Date:	10/14/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 64-year-old male who reported an injury on 01/24/2011. The mechanism of injury was not submitted for review. The injured worker is postop 1 week arthroscopic meniscectomy and micro fracture of medial femoral condyle. On 07/21/2014, the injured worker had diminished pain. Physical examination revealed motor testing and sensation were intact. There was no calf tenderness. There was a negative Homan's sign. Range of motion was from 0 to 125 degrees. There was moderate quadriceps atrophy and weakness. Diagnostics include a chest x-ray, EKG, and laboratory studies. Past medical treatment consists of surgery, physical therapy, acupuncture, and medication therapy. Medications include Norco, Naproxen, medications for high cholesterol, gastric and sleeping medications. The treatment plan is for the injured worker to have use of a DVT prevention system, to have left knee wraps, and Q-Tech cold therapy unit. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Q-Tech DVT Prevention System Rental for 35 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Venous Thrombosis Q-Tech DVT Prevention.

Decision rationale: The request for retrospective Q-tech DVT prevention system is not medically necessary. According to the ODG, minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3 fold greater following minor surgery, especially if injury occurs in the 4 weeks prior to thrombosis, is located in leg, and involves multiple injuries or rupture of muscle or ligament. Risk factors for venous thrombosis including mobility, surgery, prothrombotic genetic variance. Patients who are at high risk for venothromboembolism, should be considered for anti-coagulation therapy during the post hospitalization period. Current evidence suggests it is needed in patients undergoing many orthopedic, general, and cancer surgery procedures and should be given for at least 7 to 10 days. The submitted documentation did not indicate when the injured worker underwent arthroscopic surgery. Additionally, it was not noted what knee underwent the surgery. Furthermore, the request as submitted did not indicate what leg the DVT prevention system was for. Given the above, the injured worker is not within the ODG criteria. As such the request is not medically necessary.

Retrospective Q-Tech Cold Therapy Rental for 35 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure

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

Decision rationale: The request for retrospective Q-Teach cold therapy rental for 35 days is not medically necessary. According to ODG, Game Ready Accelerated Recovery Systems are recommended as an option after surgery but not for nonsurgical treatment. The Game Ready system combines continuous flow cryotherapy with the use of vasocompression. While there are studies on continuous flow cryotherapy, there are no published high quality studies on the game ready device or any other combined system. However, in a recent yet to be published RCT, patients treated with compressive cryotherapy after ACL reconstruction, had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone. A submitted documentation did not indicate when the injured worker underwent knee surgery. As the ODG do recommend the use of continuous flow cryotherapy with wraps after surgery, the injured worker is not within the ODG criteria. As such, the request is not medically necessary.

Retrospective Half Left Wrap times 2 purchase: 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 Game Ready Accelerated Recovery System and Wraps.

Decision rationale: The request for retrospective half left wrap x 2 was not medically necessary. According to ODG, Game Ready Accelerated Recovery Systems are recommended as an option after surgery but not for nonsurgical treatment. The Game Ready system combines continuous flow cryotherapy with the use of vasocompression. While there are studies on continuous flow cryotherapy, there are no published high quality studies on the game ready device or any other combined system. However, in a recent yet to be published RCT, patients treated with compressive cryotherapy after ACL reconstruction, had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone. The submitted documentation did not indicate when or if the injured worker underwent knee surgery. As the ODG do recommend the use of continuous flow cryotherapy with wraps after surgery, the injured worker is not within the ODG criteria. As such, the request is not medically necessary. The request for retrospective half left wrap x 2 was not medically necessary. According to ODG, Game Ready Accelerated Recovery Systems are recommended as an option after surgery but not for nonsurgical treatment. The Game Ready system combines continuous flow cryotherapy with the use of vasocompression. While there are studies on continuous flow cryotherapy, there are no published high quality studies on the game ready device or any other combined system. However, in a recent yet to be published RCT, patients treated with compressive cryotherapy after ACL reconstruction, had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone. A submitted documentation did not indicate when the injured worker underwent knee surgery. As the ODG do recommend the use of continuous flow cryotherapy with wraps after surgery, the injured worker is not within the ODG criteria. As such, the request is not medically necessary.