MAXIMUS Federal Services

Case Number:	CM13-0002844		
Date Assigned:	07/02/2014	Date of Injury:	04/17/2009
Decision Date:	04/08/2015	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/24/2013

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:

He has reported left knee pain. Diagnoses include a lateral meniscus tear in the left knee. Treatment to date include physical therapy and medications which failed to provide improvement. A progress note from the treating provider dated 05/02/2013 indicates the IW is having continued left knee pain with instability and locking. There was medial and lateral joint line tenderness and patellar crepitus with flexion and extension of the left knee. Positive McMurray's sign was noted medially. According to prior MRI of the left knee, there was a lateral meniscus tear. The planned treatment was for Left knee arthroscopy with partial meniscetomy. This arthroscopic surgery was done on 06/21/2013. On 07/08/2013 Utilization Review non-certified a request for CRUTCHES PURCHASE. The ACOEM and ODG guidelines were used in this determination. On 07/08/2013 Utilization Review non-certified a request for HALF LEG WRAP PURCHASE, UNIVERSAL THERAPY WRAP. The ACOEM and ODG guidelines were used in this determination. On 07/08/2013 Utilization Review non-certified a request for PRO ROM (POST OP KNEE BRACE) PURCHASE. The ACOEM and ODG guidelines were used in this determination. On 07/08/2013 Utilization Review non-certified a request for Q-TECH RECOVERY SYSTEM (HOT/COLD/COMPRESSION/DVT) RENTAL. The ACOEM and ODG guidelines were used in this determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Recovery System (hot/cold/compression/DVT, rental): 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 Summary.

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, DVT, Continuous-Flow Cryotherapy.

Decision rationale: The patient is a 29 year old male who presents with unrated left knee pain and residual weakness following recent surgery. The patient's date of injury is 04/17/09. Patient is status post left knee arthroscopic surgery with partial meniscectomy on 06/21/13. The request is for Q-TECH RECOVERY SYSTEM (HOT/COLD/COMPRESSION/DVT) RENTAL. The RFA is dated 06/18/13. Physical examination of the left knee dated 09/25/13 reveals a well healed surgical incision, and decreased range of motion. No other pertinent physical findings are included. The patient is not currently taking any medications. Diagnostic imaging was not provided. Per 09/25/13 progress note patient is advised to remain on temporary total disability for an unspecified period of time. ODG guidelines, Knee and leg chapter, under DVT, does not address post-operative treatments for DVT prophylaxis. The National Guidelines Clearinghouse also recommends "mechanical compression devices in the lower extremities are suggested in elective spinal surgery to decrease the incidence of thromboembolic complications." For duration of use, it recommends it from just prior to or at the beginning of surgery and continuation until the patient is fully ambulatory." ODG, Knee and Leg Chapter, under Continuous-flow cryotherapy states the following regarding postoperative cold therapy units: "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries -eg, muscle strains and contusions - has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy are extremely rare but can be devastating." In regards to the request for what appears to be a combined hot/cold therapy and deep vein thrombosis prophylaxis compression unit, treater has not specified a time period for the device rental. Pneumatic compression units are indicated for DVT prophylaxis during the immediate postoperative period, though it is not clear from the records provided how long the patient will require the unit. Additionally, while guidelines also support cold therapy as an appropriate post-op measure, without a clearer statement of the desired duration of therapy the rental of this device cannot be substantiated. The request IS NOT medically necessary.

Half Leg Wrap Purchase, Universal Therapy Wrap: 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 Summary.

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, Compression Garments.

Decision rationale: The patient is a 29 year old male who presents with unrated left knee pain and residual weakness following recent surgery. The patient's date of injury is 04/17/09. Patient is status post left knee arthroscopic surgery with partial meniscectomy on 06/21/13. The request is for Q-TECH RECOVERY SYSTEM (HOT/COLD/COMPRESSION/DVT) RENTAL. The RFA is dated 06/18/13. Physical examination of the left knee dated 09/25/13 reveals a well healed surgical incision, and decreased range of motion. No other pertinent physical findings are included. The patient is not currently taking any medications. Diagnostic imaging was not provided. Per 09/25/13 progress note patient is advised to remain on temporary total disability for an unspecified period of time.ODG guidelines, under Compression Garments, Knee and Leg chapter : "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. "In regards to the request for a purchase of what appears to be a half-leg compression garment for the management of post-operative edema, the treater has not provided a reason for the request. Progress notes do not indicate that this patient - an otherwise healthy 29 year old male - requires compression garments. garments are generally indicated 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.

Pro ROM (post op knee brace, purchase): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary.

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, Knee Brace.

Decision rationale: The patient is a 29 year old male who presents with unrated left knee pain and residual weakness following recent surgery. The patient's date of injury is 04/17/09. Patient is status post left knee arthroscopic surgery with partial meniscectomy on 06/21/13. The request is for PRO ROM -POST OP KNEE BRACE- PURCHASE. The RFA is dated 06/18/13. Physical examination of the left knee dated 09/25/13 reveals a well healed surgical incision, and decreased range of motion. No other pertinent physical findings are included. The patient is not currently taking any medications. Diagnostic imaging was not provided. Per 09/25/13 progress note patient is advised to remain on temporary total disability for an unspecified period of time.

ODGguidelines, chapter Knee and Leg chapter under Knee Brace, provides following criteria for the use of knee braces: "refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture." While ODG guidelines do not specifically address the use of this proprietary brand of knee brace, the request appears reasonable. The documentation provided does not mention any knee braces or other DME of this nature being issued to date. While no MRI findings of the left knee are included, the patient recently underwent partial meniscectomy and presents with continuing pain 3 months post-operatively. Given this patient's persistent complaints and recent procedure, a knee brace could produce benefits. Therefore, the request IS medically necessary.

Crutches (purchase): Overturned

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 Summary.

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, Walking Aids -Canes, Crutches, Braces, Orthoses, and Walkers.

Decision rationale: The patient is a 29 year old male who presents with unrated left knee pain and residual weakness following recent surgery. The patient's date of injury is 04/17/09. Patient is status post left knee arthroscopic surgery with partial meniscectomy on 06/21/13. The request is for CRUTCHES PURCHASE. The RFA is dated 06/18/13. Physical examination of the left knee dated 09/25/13 reveals a well healed surgical incision, and decreased range of motion. No other pertinent physical findings are included. The patient is not currently taking any medications. Diagnostic imaging was not provided. Per 09/25/13 progress note patient is advised to remain on temporary total disability for an unspecified period of time. ODG guidelines, Knee and Leg chapter states the following about walking aids -canes, crutches, braces, orthoses, and walkers, "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid." In regards to the request for crutches to assist in the patient's ambulation and ADL's, the request appears to be reasonable. This patient presents with continuing post-operative pain and loss of function and there is no evidence that this patient has received any crutches to date. The provision of crutches would enable this patient to ambulate more frequently and further minimize non-use associated morbidity. Therefore, the request IS medically necessary.