

Case Number:	CM13-0042020		
Date Assigned:	12/20/2013	Date of Injury:	04/16/2013
Decision Date:	05/13/2015	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/16/2013

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: Minnesota, Florida
 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 38-year-old male who sustained an industrial injury on 04/16/13. Initial complaints and diagnoses are not available. Treatments and diagnostic studies are not addressed. Subjective complaints included right knee pain. On 09/20/13, the injured worker underwent right knee arthroscopic surgery with partial meniscectomy and debridement. The requested treatments are purchase of a motorized cold unit, pneumatic compression wraps, and purchase of a DVT Max. Utilization review modified the request for purchase of the cold unit to a seven-day rental, and noncertified the DVT max unit purchase and the pneumatic compression wraps .ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Cold Unit (7-day rental): 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 Chapter, Continuous Flow Cryotherapy.

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option after arthroscopic surgery of the knee. The recommended use is 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. Use beyond 7 days is not recommended. The IMR application dated 10/9/2013 pertains to the purchase of a motorized cold unit and not rental. The initial request for authorization was also for a purchase of the unit and had been modified by utilization review to a 7-day rental. In light of the foregoing, the request for purchase of the motorized cold unit is not supported by guidelines and as such, the medical necessity of the request has not been substantiated. Therefore, the requested medical treatment is not medically necessary.

DVT Max (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 Chapter, Venous Thrombosis, Lymphedema.

Decision rationale: The DVT max unit provides complete compression therapy for deep vein thrombosis prophylaxis, edema, lymphedema and venous insufficiency. ODG guidelines recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The documentation provided does not indicate a high risk for deep vein thrombosis. Lymphedema pumps are recommended for treatment of lymphedema after a 4-week trial of conservative medical management. There is no indication of lymphedema in the documentation provided. There is no indication for venous insufficiency. As such, the request for purchase of a DVT max unit is not supported and the medical necessity is not established. Therefore, the requested medical treatment is not medically necessary.

Pneumatic Compression Wraps: 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 Chapter, Lymphedema, Venous Thrombosis, Compression Garments.

Decision rationale: With regard to compression garments, recent research indicates that there is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome. Compression stockings are recommended for management of telangiectasias after sclerotherapy,

varicose veins in pregnancy, and the prevention of edema and deep vein thrombosis. The specific requests pertain to compression wraps for use along with the DVT max unit. However, since the DVT max unit is not indicated, the associated request for compression wraps is also not medically necessary.