

Case Number:	CM15-0014335		
Date Assigned:	02/02/2015	Date of Injury:	08/16/2011
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/26/2015

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: Illinois, California, Texas
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 53 year old male, who sustained an industrial injury on 8/16/11. Injury was described as a direct blow to the anterior right knee. Treatment to date has included two arthroscopic surgeries, medications, bracing and rest. X-rays of right knee revealed advanced patellofemoral osteoarthritis. Currently, the injured worker complains of severe right knee pain and uses a cane to ambulate. Physical exam performed on 12/10/14 revealed normal alignment of the patella, slight lateral patellar tracking with severe grinding, crepitus and retropatellar pain. A request for right knee patellofemoral arthroplasty was certified. On 1/8/15, Utilization Review modified cold therapy unit purchase to 7-day rental, noting the purchase of the unit is not medically necessary, non-certified Venapro (deep vein thrombus device), noting there were no documented contraindications for pharmacologic anti-coagulation; and non-certified home health visits 3 times in one week, noting there are no anticipated complications to warrant home health. The MTUS, ACOEM Guidelines, and ODG were cited. On 1/21/15, the injured worker submitted an application for IMR for review of cold therapy unit, Venapro (deep vein thrombus device) and home health visits 3 times in one week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op purchase of the cold therapy unit: 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) The Knee Continuous passive motion (CPM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg: continuous flow cryotherapy

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 1/21/15 utilization review decision recommended modification of a cold therapy unit purchase to 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.

Associated surgical service: Venapro (DVT device): 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 Knee and Leg: Venous Thrombosis

Decision rationale: The California MTUS are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) generally recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.

Associated surgical service: Home health 3 times 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Guideline criteria have not been met. There is no documentation as to the type of home health services being recommended for this patient to

establish medical necessity. Probable home bound post-op. status has not been established. Therefore, this request is not medically necessary.