

<b>Case Number:</b>	CM15-0166662		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 56 year old, male who sustained a work related injury on 8-7-2000. The diagnoses have included peripheral nerve impairment with entrapment of the posterior tibial nerve and plantar medial lateral nerve in the sinus tarsi, entrapment of the peroneal nerve tree, impairment of the plantar fascia and attachment of the calcaneus with enthesopathy and chronic pain. Treatments have included a spinal cord stimulator (good pain relief), oral medications, aqua therapy, TENS unit therapy and Duragesic patches. In the progress notes dated 5-28-15, the injured worker reports "no change in his symptoms since last visit." He is pleased that surgery has been approved. On physical exam, "there has been no change from previous examination from the previous date." There is a positive Tinel's sign to the peroneal nerve and distal branches. He has a positive Tinel's sign to the tibial nerve and all its branches. He has pain in the sinus tarsi. His working status is not documented. The treatment plan includes orders for durable medical equipment to be used after surgery and an x-ray of the right foot and ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM Machine:** 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 & Leg (Acute & Chronic), Continuous passive motion (CPM).

**Decision rationale:** According to the Official Disability Guidelines, a continuous passive motion machine may be indicated if the following criteria are met: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary); (2) Anterior cruciate ligament reconstruction (if inpatient care); (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint (BlueCross BlueShield, 2005). For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) Complex regional pain syndrome; (b) Extensive arthrofibrosis or tendon fibrosis; or(c) Physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. Documentation fails to meet the above criteria. CPM Machine is not medically necessary.

**DVT Pump:** 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 Blue Cross/Blue Shield; Outpatient Use of Limb Pneumatic compression Devices for Venous Thromboembolism Prophylaxis; Policy #: 515, Latest Review Date: August 2013.

**Decision rationale:** The MTUS and ODG are silent on this issue. According to the Blue Cross/Blue Shield policy regarding Outpatient Use of Limb Pneumatic compression Devices for Venous Thromboembolism Prophylaxis, outpatient use of no more than 14 days of limb pneumatic compression devices for venous thromboembolism prophylaxis after major orthopedic surgery meets Blue Cross and Blue Shield medical criteria for coverage in patients with a contraindication to pharmacological agents (i.e., at high-risk for bleeding). Outpatient use of limb pneumatic compression devices for venous thromboembolism prophylaxis after major orthopedic surgery does not meet Blue Cross and Blue Shield medical criteria for coverage and is considered investigational in patients without a contraindication to pharmacological prophylaxis. DVT Pump is not medically necessary.

**Cryo/cuff:** 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) Ankle & Foot (Acute & Chronic), Continuous-flow cryotherapy.

**Decision rationale:** The Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance. Cryo/cuff is not medically necessary.

**Wheelchair with foot Elevator (purchase) and removable sides for the right foot:** 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 Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** According to the Blue Cross Clinical UM Guideline for Durable Medical Equipment, durable medical equipment is considered medically necessary when all of a number of criteria are met including: There is a clinical assessment and associated rationale for the requested DME in the home setting, as evaluated by a physician, licensed physical therapist, occupational therapist, or nurse; and there is documentation substantiating that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease; and the documentation supports that the requested DME will restore or facilitate participation in the individual's usual IADL's and life roles. The information should include the individual's diagnosis and other pertinent functional information including, but not limited to, duration of the individual's condition, clinical course (static, progressively worsening, or improving), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc. The medical record does not contain sufficient documentation or address the above criteria. There is no evidence that this patient could not use a walker or crutches during the postoperative period. Wheelchair with foot Elevator (purchase) and removable sides for the right foot is not medically necessary.