

Case Number:	CM15-0173920		
Date Assigned:	09/16/2015	Date of Injury:	03/09/2005
Decision Date:	10/21/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/03/2015

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, Oregon, Washington
 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 42 year old female, who sustained an industrial injury on 3-9-05. She reported bilateral knee pain. The injured worker was diagnosed as having status post left knee arthroscopic surgery with post patellofemoral osteoarthritis. Treatment to date has included left knee Cortisone injections, physical therapy, left knee arthroscopy in February 2015, and medication. Physical examination findings on 6-16-15 included left knee palpable tenderness over the iliotibial band with evidence of crepitus on the left knee. Currently, the injured worker complains of right hip and right knee pain with inflammation. On 5-7-15 the treating physician requested authorization for Q-Tech Recovery system 30 day rental for the left knee, purchase of a half leg wrap, and purchase of a universal therapy wrap. On 8-13-15 the requests were non-certified. The utilization review physician noted "it was not actually clear why the claimant is undergoing arthroscopic surgery of the knee and not clear whether the claimant has had conservative care or whether the surgery has been previously authorized by the insurance company."

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Recovery system 30 day rental (left knee): 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), Knee and Leg Chapter, Game Ready accelerated recovery system.

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, cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for non-surgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request exceeds this recommended number of days. Therefore, the determination is for non-certification. The request is not medically necessary.

Purchase of Half leg wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition) and ODG Treatment in Workers Comp (13th edition), 2015, Knee and Leg Chapter.

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 section, Compression Garments.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. The patient underwent a routine knee arthroscopy. Therefore medical necessity cannot be established and therefore the determinations for non-certification for the requested device.

Purchase of universal therapy wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th edition) and ODG Treatment in Workers Comp (13th edition), 2015, Knee and Leg Chapter.

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 section, Compression Garments.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is

recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient, there is no documentation of a history of increased risk of DVT or major knee surgery. The patient underwent a routine knee arthroscopy. Therefore medical necessity cannot be established and therefore the determinations for non-certification for the requested device.