

Case Number:	CM15-0023716		
Date Assigned:	02/13/2015	Date of Injury:	05/06/2011
Decision Date:	04/14/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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 55-year-old female who sustained an industrial injury on 5/6/11. Past surgical history was positive for a right knee arthroscopy with partial medial and lateral meniscectomy on 6/13/14. The 1/5/15 right knee MRI impression documented severe degenerative osteoarthritis involving the lateral knee joint compartment with severe weight bearing grade 3-4 chondromalacia involving both the femoral lateral condyle and lateral tibial plateau. The 1/5/15 treating physician report cited significant medial and lateral joint pain in the right knee that was quite disabling. Physical exam documented medial and lateral joint line tenderness with minimal patellofemoral crepitus. The treatment plan recommended a right total knee replacement as she had failed conservative treatment. The 1/7/15 deep vein thrombosis (DVT) device letter of medical necessity form indicated that the patient was undergoing a total knee replacement and as at moderate risk based on the surgery and her age. The 1/21/15 utilization review approved the request for right total knee arthroplasty, pre-operative clearance and testing, post-op home health physical therapy, continuous passive motion unit rental for 12 days, and crutches. The request for TENS unit rental for 4 months was modified to one month rental. The request for VPulse DVT/Cold contrast therapy system was modified to a generic cryotherapy unit for 7 day rental. The request for Ossur innovative range of motion brace was non-certified as there was no guidelines support for post-op knee braces and continuous passive motion had been certified to address range of motion in the immediate post-operative period.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit x4 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

Decision rationale: The California MTUS guidelines recommend TENS use as a treatment option for acute post-operative pain in the first 30 days after surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Guidelines state that the proposed necessity of the unit should be documented. The 1/21/15 utilization review modified the request for 4-month rental of a TENS unit to a one-month post-operative rental consistent with guidelines. There is no compelling reason presented to support the medical necessity of additional TENS unit certification at this time. Therefore, this request is not medically necessary.

VPulse DVT/Cold contrast therapy system: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: Continuous flow cryotherapy; Venous Thrombosis.

Decision rationale: The California MTUS are silent regarding deep vein thrombosis 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. The ODG do support 7-day rental of a cold therapy unit as an option following knee surgery. 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. The 1/21/15 utilization review modified this request and certified a 7-day rental of a cold therapy unit consistent with guidelines. There is no compelling reason to support the medical necessity of additional certification. Therefore, this request is not medically necessary.

Ossur innovative range of motion brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Knee braces.

Decision rationale: The California MTUS guidelines do not provide recommendations for bracing following total knee replacement. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have not been met. There is no clear rationale provided to support a range of motion brace following the requested total knee replacement in addition to the certified continuous passive motion unit. Therefore, this request is not medically necessary.