

Case Number:	CM15-0063397		
Date Assigned:	04/09/2015	Date of Injury:	10/12/2010
Decision Date:	05/15/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/03/2015

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
Certification(s)/Specialty: Internal 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:

The injured worker is a 65 year old female who sustained a work related injury October 12, 2010. Past history included insulin dependent diabetes, hypertension, and left knee replacement. According to an orthopedic physician's report, dated March 5, 2015, the injured worker presented for recheck of the left and right knees. She complains of constant and dull pain of the right knee; lateral and medial aspect and over the patellofemoral joint. Examination of the left knee found a leg length discrepancy, due to the inability of the left knee to be placed in full extension. Diagnosis is documented as arthritis of knee, right. Treatment plan included a notation that she finished Euflexxa injection therapy, left knee, February 2015, plans to see an endocrinologist and nutritionist before proceeding with revision surgery, right knee, and refill Norco. A surgery request form dated February 24, 2015, requests pre-operative testing, medication prior to surgery, a front wheel walker, and a knee immobilizer. Requests for authorization dated February 5, 2015 included; front wheel walker, purchase, knee immobilizer brace, Q-tech Cold Therapy Recovery System with wrap, and Q-tech DVT Prevention System.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech DVT cold therapy recovery system with wrap; thirty-five (35) day rental: 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 & Leg Chapter, continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Cryotherapy, Continuous-flow cryotherapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cold therapy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints indicates that passive modalities without exercise program are not recommended. Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) indicates that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. A systematic review concluded that cryotherapy after TKA yields no apparent lasting benefits, and the current evidence does not support the routine use of cryotherapy after TKA total knee arthroplasty. The orthopedic examination report dated March 5, 2015 documented history of injury to bilateral knees. Medical history included diabetes mellitus, hyperlipidemia, hypertension, status post previous left total knee replacement surgery. Medications included Norco, Lantus, Aspirin, Lipitor, Lisinopril, and Hydrochlorothiazide. The tentative date was April 7, 2014 for left total knee replacement revision surgery. Q-tech cold therapy recovery system with wrap (35) thirty-five day rental was requested. Official Disability Guidelines (ODG) indicates that continuous-flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days. A systematic review concluded that cryotherapy after TKA yields no apparent lasting benefits, and the current evidence does not support the routine use of cryotherapy after TKA total knee arthroplasty. ODG guidelines do not support the request for a 35-day rental of a Q-tech cold therapy recovery system. Therefore, the request for Q-tech cold therapy recovery system is not medically necessary.

Q-tech DVT prevention system; thirty-five (35) day rental: 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 regarding Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Chest Physicians (ACCP) Antithrombotic Therapy and Prevention of Thrombosis, 9th edition: CHEST Evidence-Based Clinical Practice Guidelines. Chest. 2012 Feb;141(2 Suppl):7S-47S. doi: 10.1378/chest.1412S3.http://journal.publications.chestnet.org/data/Journals/CHEST/23443/chest_141_2_suppl_7S.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address deep vein thrombosis DVT prophylaxis. American College of Chest Physicians (ACCP) antithrombotic therapy and prevention of thrombosis clinical practice guidelines (2012) provides recommendations for prevention of VTE venous thromboembolism in orthopedic surgery

patients. In patients undergoing total knee arthroplasty (TKA), ACCP recommends the use of one of the following for a minimum of 10 to 14 days: low-molecular-weight heparin (LMWH), fondaparinux, apixaban, dabigatran, rivaroxaban, low-dose unfractionated heparin (LDUH), adjusted-dose VKA, Aspirin, or an intermittent pneumatic compression device (IPCD). ACCP recommends the use of only portable, battery-powered IPCDs capable of recording and reporting proper wear time on a daily basis for inpatients and outpatients. Efforts should be made to achieve 18 hours of daily compliance. One panel member believed strongly that aspirin alone should not be included as an option. The orthopedic examination report dated March 5, 2015 documented history of injury to bilateral knees. Medical history included diabetes mellitus, hyperlipidemia, hypertension, status post previous left total knee replacement surgery. Medications included Norco, Lantus, Aspirin, Lipitor, Lisinopril, and Hydrochlorothiazide. The tentative date was April 7, 2014 for left total knee replacement revision surgery. No past history of venous thromboembolism was noted. No risk factors for VTE venous thromboembolism were documented. Q-tech DVT prevention system (35) thirty-five day rental was requested. American College of Chest Physicians (ACCP) recommends an intermittent pneumatic compression device (IPCD) for 14 days. The request for a 35-day rental of a Q-tech DVT prevention system would exceed ACCP guideline recommendations, and is not supported. Therefore, the request for Q-tech DVT prevention system (35) thirty-five day rental is not medically necessary.

Knee CPM with pads; thirty (3) day rental: 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, Continuous passive motion (CPM).

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: Medical Treatment Utilization Schedule (MTUS) does not address continuous passive motion (CPM). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints indicates that passive modalities without exercise program are not recommended. Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) indicates that continuous passive motion (CPM) is recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. Routine home use of CPM has minimal benefit. Although research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application. Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for total knee arthroplasty (revision and primary). For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision. The orthopedic examination report dated March

5, 2015 documented history of injury to bilateral knees. Medical history included diabetes mellitus, hyperlipidemia, hypertension, status post previous left total knee replacement surgery. Medications included Norco, Lantus, Aspirin, Lipitor, Lisinopril, and Hydrochlorothiazide. The tentative date was April 7, 2014 for left total knee replacement revision surgery. Knee CPM with pads (30) thirty-day rental was requested. Official Disability Guidelines (ODG) indicates that continuous passive motion devices (CPM) in the acute hospital setting, may be considered medically necessary, postoperatively, for 4-10 consecutive days (no more than 21), for total knee arthroplasty. ODG guidelines limit CPM use to 21 days. Therefore, the request for 35 day rental of a continuous passive motion (CPM) device would exceed ODG guidelines, and is not supported by ODG guidelines. Therefore, the request for knee CPM with pads (30) thirty-day rental is not medically necessary.