

<b>Case Number:</b>	CM15-0067440		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	10/28/2007
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 62-year-old male who sustained an industrial injury on 10/28/07. Injury occurred relative to a slip and fall onto his hands and knees. Past medical history was positive for diabetes and hypertension. Past surgical history was positive for right total knee replacement in 2012. He underwent revision right total knee arthroplasty, which involved removal of fibrotic scar tissue from the right infrapatellar/intercondylar notch on 1/27/15. There was no evidence of loosening of any of the components noted at the time of surgery so no removal of the components was performed. He was admitted on 1/27/15 and discharged from the hospital on 1/29/15. Records indicated that durable medical equipment was issued following surgery to include a knee CPM (continuous passive motion) unit with pads, Q-Tech cold therapy recovery system with wrap, knee immobilizer brace, Q-Tech DVT prevention system, and front wheel walker. The 2/13/15 treating physician report cited grade 4/10 right lower extremity pain that was improving. There was intermittent swelling. Physical exam documented antalgic gait favoring the right, healing surgical incisions, moderate medial and lateral peripatellar tenderness, range of motion 0-90 degrees, and post-operative swelling. Continued physical therapy and medications were recommended. The 3/24/15 treating physician report cited constant grade 5/10 right knee pain. Pain was reported as improving. The injured worker was attending physical therapy sessions which were helpful. Pain was aggravated by weight bearing and repetitive activities. Pain was reduced with rest, ice, and medications. Right knee exam documented mild medial and lateral peripatellar tenderness, decreasing post-operative swelling, range of motion 0-100 degrees. The treatment plan recommended continued physical therapy 2x6, and Ultram for

pain relief. A retrospective request was made for knee CPM w/pads 30-day rental; Q-Tech cold therapy recovery system w/wrap, 28-day rental; knee immobilizer brace, purchase; Q-Tech DVT prevention system, 35-day rental for post-operative treatment of pain and edema and to improve range of motion and function. The 4/3/15 utilization review partially certified the request for knee CPM with pads for 30-day rental to 10 day rental consistent with guidelines and procedure performed. The request for the Q-Tech cold therapy recovery system with wrap, 35-day rental, was partially certified for 7 days consistent with guidelines. The request for purchase of a knee immobilizer brace was non-certified as there was no indication or need documented, and it was noted he had a stable knee and needed range of motion improvement. The request for Q-Tech DVT prevention system, 35-day rental, was non-certified as there was no documentation of any increased risks of deep vein thrombosis or confounding issues, or why this durable medical equipment was required versus other simpler methods of prophylaxis for this outpatient ambulatory procedure.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Knee CPM with pads, 30 day rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**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 passive motion (CPM).

**Decision rationale:** The California MTUS does not provide recommendations for a CPM unit following total knee arthroplasty. The Official Disability Guidelines recommend the use of continuous passive motion devices in the acute hospital setting for 4 to 10 days (no more than 21 days) following total knee arthroplasty (revision and primary) and for home use up to 17 days while the patients at risk of a stiff knee are immobile or unable to bear weight following a primary or revision total knee arthroplasty. This injured worker underwent a revision right knee surgery with scar tissue removal but no component change. There is no evidence that he was non-weight bearing or immobile for a prolonged period of time following surgery. The 4/3/15 utilization review partially certified the knee CPM unit with pads for 10 days consistent with guidelines. There is no compelling rationale presented to support the medical necessity of continued continuous passive motion beyond 10 days. Therefore, this request is not medically necessary.

**Q-Tech cold therapy recovery system with wrap, 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 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: 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 4/3/15 utilization review decision recommended partial certification of a cryotherapy unit for 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.

**Knee immobilizer brace, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**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: Immobilization.

**Decision rationale:** The California MTUS guidelines do not make recommendations for post-op immobilization. The Official Disability Guidelines state that immobilization is not recommended as a primary treatment, and appears to be overused. Early mobilization is recommended. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of a knee immobilizer for this patient in the post-operative period. There was no evidence of instability and need for range of motion improvement was documented. Therefore, this request is not medically necessary.

**Q-Tech DVT prevention system, 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, 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: Venous Thrombosis.

**Decision rationale:** The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. 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.