

Case Number:	CM15-0068742		
Date Assigned:	04/16/2015	Date of Injury:	11/18/2009
Decision Date:	06/30/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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:

The injured worker (IW) is a 51-year-old female who sustained an industrial injury on 11/18/2009. She reported back pain. The injured worker underwent a cervical spine fusion and a lumbar spine fusion, and later had a right knee surgery. She was diagnosed with right knee end stage osteoarthritis, status post right total knee arthroplasty; status post post-op moderate to severe synovitis of her right lower extremity with what appeared to be a low grade infection postoperative with the presumptive staphylococcus infection; status post previous lumbar fusion with now her backache and buttocks pains flaring up at this time. Treatment to date has included post-operative intravenous antibiotics for six weeks duration, following the knee surgery. On 03/06/2015, she is about three and a half month's status post right total knee arthroplasty with the post op infection. Currently, the injured worker complains of backache and buttocks pains flaring up. The plan is for massage therapy, oral pain medication, and requests for retrospective authorization were made for the following: Pro-Rom post-operative knee brace purchase; Front-wheeled walker; Shower chair purchase; Q-Tech cold therapy unit (35-day rental); CPM with soft good (30-day rental); Full arm DVT wrap; and Pro-OTS hinged knee brace, purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Q-Tech Cold Therapy Unit (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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Continuous-Flow Cryotherapy.

Decision rationale: According to the Official Disability Guidelines, there is minimal evidence supporting the use of cold therapy except in the acute phase of an injury or for the first seven days postoperatively. 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. Therefore, the request is not medically necessary.

Retro: CPM with Soft Good (30-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.

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: The Official Disability Guidelines recommended continuous passive motion machines 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 (up to 17 days after surgery), there is substantial debate about the duration of each session and the total period of CPM application. Therefore, the request is not medically necessary.

Retro: Full Arm DVT 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, Knee & Leg.

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. Therefore, the request is not medically necessary.

Retro: Pro-OTS Hinged Knee Brace (purchase): 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.

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

Decision rationale: The MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. Therefore, the request is not medically necessary.