

Case Number:	CM15-0076898		
Date Assigned:	04/28/2015	Date of Injury:	07/05/2006
Decision Date:	06/01/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/22/2015

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: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on 07/05/2006. According to a progress report dated 01/27/2015, the injured worker's left knee was bothering her more and more. The right knee was doing great after the total knee. Diagnoses included osteochondral loose body, degenerative joint disease right greater than left and low back pain compensable consequence of the antalgic gait right knee and lumbar spine radiculopathy. Treatment plan included lumbar spine MRI, 3 Synvisc injections to the left knee, narcotic pain medications. The provider noted that authorization was received for the total knee replacement consult. Currently under review is the request for limb compression unit, compression wrap and crutches for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Limb compression Unit x 2, 21 days 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), Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip Cryotherapy (see Knee Chapter), page 292; Venous Thrombosis (knee), page 356-358.

Decision rationale: Records indicated the patient is s/p right total knee arthroplasty 2 years ago with current request for knee arthroscopy along with total hip arthroplasty. Per utilization review, neither surgical requests have been authorized due to lack of documented medical indication; thereby, the post-operative DME would not be deemed as appropriate. Additionally, there was no contraindication for use of anticoagulants, negative the need for compression units and wraps. The device provides compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The provider has requested for this compression unit; however, has not submitted reports of any risk for deep venous thrombosis resulting from required non-ambulation, immobility, obesity or smoking factors. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of cold/heat compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period, as efficacy has not been proven after. The unspecified Limb compression Unit x 2, 21 days rental is not medically necessary and appropriate.

Compression wraps x 2 (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 (ODG), Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip Cryotherapy (see Knee Chapter), page 292; Venous Thrombosis (knee), page 356-358.

Decision rationale: Records indicated the patient is s/p right total knee arthroplasty 2 years ago with current request for knee arthroscopy along with total hip arthroplasty. Per utilization review, neither surgical requests have been authorized due to lack of documented medical indication; thereby, the post-operative DME would not be deemed as appropriate. Additionally, there was no contraindication for use of anticoagulants, negative the need for compression units and wraps. The device provides compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The provider has requested for this compression unit; however, has not submitted reports of any risk for deep venous thrombosis resulting from required non-ambulation, immobility, obesity or smoking factors. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of cold/heat compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period, as efficacy has not been proven after. As the unspecified Limb compression Unit x 2, 21 days rental

is not medically necessary and appropriate; thereby, the Compression wraps x 2 (purchase) is not medically necessary and appropriate.

Crutches for home use: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers), pages 358-359.

Decision rationale: It appears the patient underwent knee surgery 2 years ago without complications and has had a normal course of recovery. Guidelines recommend walking aid such as crutches for severe complaints of pain from severe osteoarthritis and ligamentous tear not presented here. Submitted reports have not adequately demonstrated any acute findings, new injuries, post-surgical state, or red-flag conditions to support for DME. The Crutches for home use is not medically necessary and appropriate.