MAXIMUS Federal Services

Case Number:	CM15-0090214		
Date Assigned:	05/14/2015	Date of Injury:	02/28/2009
Decision Date:	06/22/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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, Pain Management

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 55 year old male who sustained an industrial injury on 02/28/2009. He reported bilateral knee pain, neck pain, and low back pain. The injured worker was diagnosed as having bilateral knee strain with chondromalacia patella, bilateral knee contusions with MRI evidence of left knee medial meniscus tears, right knee medial meniscus tear and ACL sprain. Treatment to date has included left knee arthroscopy on 01/15/2015, and post-operative physical therapy. Currently, the injured worker is post op knee arthroscopy and the request is for a DME-V pulse with knee compression pad that provides cold therapy for post-operative edema control.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - V pulse with knee compression pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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, Continuous-flow cryotherapy, Knee & Leg, Compression Garments.

Decision rationale: V pulse knee compression pad is a device which providing controlled cooling for the treatment of inflammation and compression function to prevent DVT and to reduce swelling. With regards to the request for the cooling device, California MTUS does not address the issue of cooling and heating units. ODG support the use of continuous-flow cryotherapy for up to 7 days after knee surgery. Within the documentation available for review, the patient is status post knee surgery on 1/15/2015, and is already several months out from surgery. The guidelines do not support the use of cooling device beyond 7 days. Regarding the request for compression function, the patient does have symptoms of swelling which would benefit from compression. However, it is not clear why the patient could not tolerate simple compression device such as ace bandage and why this specialized device is indicated. Furthermore, the patient is ambulating with the aide of a cane; therefore, DVT prophylaxis is not indicated. In the light of the above issues, the currently requested V pulse with knee compression pad is not medically necessary.