

Case Number:	CM13-0065627		
Date Assigned:	01/03/2014	Date of Injury:	06/13/2011
Decision Date:	11/10/2015	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/13/2013

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, Tennessee, South Carolina
 Certification(s)/Specialty: Orthopedic Surgery, Sports 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:

According to the records made available for review, this is a 32-year-old female with a 6/13/11 date of injury, and 9/6/13 right knee meniscal repair. At the time (9/3/13) of request for authorization for CPM unit with pads for 30 day rental, optimum home rehabilitation kit, Q-tech DVT prevention system for a 21 day rental, Q-tech cold therapy system for a 21 day rental, and programmable pain pump for 3 days, there is documentation of subjective (right knee pain) and objective (antalgic flexed knee gait, decreased quadriceps strength, and medial and lateral joint line tenderness) findings, current diagnoses (right knee reflex sympathetic dystrophy (complex regional pain syndrome), right knee internal derangement, and status post right knee surgery), and treatment to date (physical therapy, medications, and a right knee medial meniscectomy). Regarding CPM unit with pads for 30 day rental, there is no documentation any of the following surgeries [total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint]. Regarding optimum home rehabilitation kit, there is no documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. Regarding Q-tech DVT prevention system for a 21 day rental, there is no documentation a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM unit with pads for 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, 11th edition (web 2013), Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous Passive Motion (CPM).

Decision rationale: MTUS does not address this issue. ODG identifies documentation of any of the following surgeries [total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint], as criteria necessary to support the medical necessity of a continuous passive motion unit for up to 21 consecutive days. Within the medical information available for review, there is documentation of a diagnoses of right knee reflex sympathetic dystrophy (complex regional pain syndrome), right knee internal derangement, and status post right knee surgery. In addition, there is documentation of a 9/6/13 right knee meniscal repair. However, there is no documentation any of the following surgeries [total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint]. In addition, the requested CPM unit with pads for 30 day rental exceeds guidelines (for up to 21 consecutive days). Therefore, based on guidelines and a review of the evidence, the request for CPM unit with pads for 30 day rental is not medically necessary.

Optimum home rehab kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th edition (web 2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Exercise and Knee & Leg, Home Exercise Kit.

Decision rationale: MTUS does not address the issue. ODG identifies that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise; that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen; that a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated; and that such programs should emphasize education, independence, and the importance of an on-going exercise regime. In addition, ODG identifies a home exercise kit is recommended as an option where home exercise programs are recommended. Furthermore, Guidelines identify documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit, as criteria necessary to support the medical necessity of a home exercise kit.

Within the medical information available for review, there is documentation of a diagnoses of right knee reflex sympathetic dystrophy (complex regional pain syndrome), right knee internal derangement, and status post right knee surgery. In addition, there is documentation of a 9/6/13 right knee meniscal repair. However, there is no documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. Therefore, based on guidelines and a review of the evidence, the request for optimum home rehabilitation kit is not medically necessary.

Q-tech DVT prevention system for 21 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, 11th edition (web 2013), Section Leg, Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Deep vein thrombosis (DVT).

Decision rationale: MTUS does not address the issue. ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of a diagnoses of right knee reflex sympathetic dystrophy (complex regional pain syndrome), right knee internal derangement, and status post right knee surgery. In addition, there is documentation of a 9/6/13 right knee meniscal repair. However, there is no documentation a high risk of developing venous thrombosis. Therefore, based on guidelines and a review of the evidence, the request for Q-tech DVT prevention system for a 21 day rental is not medically necessary.

Q-Tech cold therapy system for 21 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, 11th edition (web 2013), Section Knee, Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous-flow cryotherapy.

Decision rationale: MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended postoperatively for up to 7 days, including home use. Within the medical information available for review, there is documentation of a diagnoses of right knee reflex sympathetic dystrophy (complex regional pain syndrome), right knee internal derangement, and status post right knee surgery. In addition, there is documentation of a 9/6/13 right knee meniscal repair. However, the requested CPM unit with pads for 30 day rental exceeds guidelines (for up to 7 days, including home use). Therefore, based on guidelines and a review of the evidence, the request for CPM unit with pads for 30 day rental is not medically necessary.

Programmable pain pump for 3-day 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, 11th edition (web 2013), Section Knee, Pain Pump.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative pain pump.

Decision rationale: MTUS does not address this issue. ODG does not address this issue for the knee. However, ODG identifies that post-operative pain pump is not recommended and that there is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre or post-operative pain control using oral, intramuscular or intravenous measure. Therefore, based on guidelines and a review of the evidence, the request for programmable pain pump for 3 days is not medically necessary.