

Case Number:	CM14-0127758		
Date Assigned:	09/03/2014	Date of Injury:	09/20/2013
Decision Date:	08/25/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 is a 42 year old male who sustained an industrial injury on 9/20/13. The injured worker was diagnosed as having right knee internal derangement, right knee patellar tendinopathy and right knee contusion of the tibial plateau. Currently, the injured worker was with complaints of right knee pain. Previous treatments included rest, medication management, physiotherapy, exercise and a brace. Previous diagnostic studies included a magnetic resonance imaging. The plan of care was for durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

IFC (interferential current) with supplies: 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, (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 114-117.

Decision rationale: Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications. Interferential Current Stimulation (ICS) not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. In this case the documentation doesn't support that the patient would benefit from the use of an ICS given the MTUS states it is not been shown to be effective as an isolated intervention. Therefore, the request is not medically necessary.

DVT (deep vein thrombosis) compression pump and stockings: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DVT Proph, ODG, Treatment Index, 11th Edition, 2014, Shoulder, Venous thrombosis. Venous thrombosis and Other Medical Treatment Guidelines UpToDate.com.

Decision rationale: ODG recommends monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee. According to the ODG, a DVT prophylaxis unit with intermittent limb therapy is recommended for patients who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. According to UpToDate.com, high risk patients include those having abdominal-pelvic surgery, increasing age, prior VTE in patient or family members, presence of malignancy or obesity, presence of an inherited or acquired hypercoagulable state and one or more significant medical comorbidities (heart disease, infection, inflammatory conditions, recent stroke and preoperative sepsis)IPC (intermittent pneumatic compression) is an alternative for VTE prevention in patients with a high risk of bleeding or in whom anticoagulation is contraindicated (eg, active or intracranial hemorrhage). In this case the patient is at risk for DVT due to diagnosis of obesity and htn. The use of DVT compression pump with stockings is medically necessary.

Post-op cruciate restraining knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee 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.

Decision rationale: According to the ODG, criteria for the use of knee braces indicates, Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability 2. Ligament insufficiency/deficiency 3. Reconstructed ligament 4. Articular defect repair 5. Avascular necrosis 6. Meniscal cartilage repair 7. Painful failed total arthroplasty 8. Painful high tibial osteotomy 9. Painful unicompartmental osteoarthritis 10. Tibial plateau fracture. In this case the documentation supports that the patient has had ligament injury and is planned for repair of the ligament and meniscal cartilage. The use of a post-op knee brace is medically necessary.

6 week use of a continuous passive motion device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The MTUS is silent regarding the use of a CPM device. According to the ODG continuous passive motion (CPM) may be recommended for home use in patients at risk of a stiff knee but the beneficial effect over regular physical therapy may be small. The criteria for use of continuous passive motion devices is as follows: for home use, up to 17 days after surgery while patient at risk of stiff knee are immobile or unable to bear weight; Under conditions of low post-operative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision, patients with complex regional pain syndrome; extensive arthrofibrosis or tendon fibrosis; or physical, mental, or behavioral inability to participate in active physical therapy; revision total knee arthroplasty. In this case the documentation doesn't support that the patient is unable to participate in regular physical therapy. Furthermore the requested amount of time for use exceeds the recommended 17 days.