

Case Number:	CM15-0019136		
Date Assigned:	02/09/2015	Date of Injury:	12/17/2013
Decision Date:	10/13/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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, Indiana, New York
 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 47 year old male, who sustained an industrial injury on 12-17-2013. He has reported injury to the right knee. The diagnoses have included right knee lateral meniscal tear; synovitis; full thickness chondral injury of medial femoral condyle; and status post right knee diagnostic operative arthroscopy with arthroscopic partial meniscectomy debridement with chondroplasty and microfracture of grade IV articular cartilage lesion of the medial femoral condyle, on 12-05-2014. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Ibuprofen. A progress report from the treating physician, dated 12-18-2014, documented an evaluation with the injured worker. The injured worker reported that he is doing very well post surgery; he is on crutches and using a brace; and he reports that he did not get the continuous passive motion machine as of yet. Objective findings included well-healed portals at the right knee; no erythema, no drainage, and no evidence of infection are noted; and his neurovascular exam is distally intact. The treatment plan has included the retrospective request for Vascutherm cold compressions 14 days rental with a date of service of 12-05-2014; retrospective request for knee CPM (continuous passive motion) 12 days rental with a date of service of 12-05-2014; and retrospective request for sheepskin pad purchase with a date of service of 12-05-2014. The original utilization review, dated 01-08-2015, modified a retrospective request for Vascutherm cold compression 14 days rental with a date of service of 12-05-2014, to Vascutherm cold compression rental x 7 days post-op only from date of service 12-05-2014; non-certified a retrospective request for knee

CPM (continuous passive motion) 12 days rental with a date of service of 12-05-2014; and non-certified a retrospective request for sheepskin pad purchase with a date of service of 12-05-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Vascutherm cold compressions 14 days rental with a dos of 12/5/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Continuous flow cryotherapy.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, retrospective vascutherm cold compression 14-day rental data service December 5, 2014 is not medically necessary. The ACOEM states "patient at home application of heat or cold packs may be used before or after exercises and aren't effective as those performed by a therapist." The vascutherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. MTUS Guidelines is silent on specific use of vascutherm 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. In this case, the injured worker's working diagnoses are chondral injury of the right knee medial femoral condyle; and status post right knee diagnostic operative arthroscopy. The date of injury is the server 17 2013. The request for authorization is December 30, 2014. According to a progress note dated December 18, 2014, the injured worker had a diagnostic operative arthroscopy of the right knee on December 5, 2014 that included partial lateral meniscectomy; synovectomy/debridement (anterior compartment), and arthroscopic microfracture with subchondral drilling of grade 4 articular cartilage lesion of medial femoral condyle. Vascutherm is recommended for a seven-day postoperative period. There is no proven efficacy after that time frame. There were no risk factors for deep vein thrombophlebitis (DVT). There is no past medical history of DVT. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and a rental request for 14 days with guideline recommendations for seven days, retrospective vascutherm cold compression 14 day rental data service December 5, 2014 is not medically necessary.

Retrospective request for knee CPM 12 days rental with a dos of 12/5/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Continuous passive motion (CPM).

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective knee continuous passive motion 12-day rental date of service December 5, 2014 is not medically necessary. Continuous passive motion is recommended for in hospital use for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects of regular physical therapy may be small. Routine use of CPM has minimal benefits. In the acute hospital setting, postoperative use may be considered medically necessary for 4 - 10 consecutive days (no more than 21). For home use, up to 17 days after surgery while the patient is at risk of a stiff knee or are immobile or unable to bear weight. CPM is indicated for total knee arthroplasty; anterior cruciate ligament reconstruction (if inpatient care) and open reduction internal fixation of tibial plateau or distal femur fractures involving the knee joint. In this case, the injured worker's working diagnoses are chondral injury of the right knee medial femoral condyle; and status post right knee diagnostic operative arthroscopy. The date of injury is December 17, 2013. The request for authorization is December 30, 2014. According to a progress note dated December 18, 2014, the injured worker had a diagnostic operative arthroscopy of the right knee on December 5, 2014 that included partial lateral meniscectomy; synovectomy/debridement (anterior compartment), and arthroscopic microfracture with subchondral drilling of grade 4 articular cartilage lesion of medial femoral condyle. Continuous passive motion is recommended for total knee arthroplasty; anterior cruciate ligament reconstruction (if inpatient care) and open reduction internal fixation of tibial plateau or distal femur fractures involving the knee joint. There is no documentation of total knee arthroplasty; anterior cruciate ligament reconstruction (if inpatient care) and open reduction internal fixation of tibial plateau or distal femur fractures involving the knee joint. The injured worker underwent partial lateral meniscectomy; synovectomy/debridement (anterior compartment), and arthroscopic microfracture with subchondral drilling of grade 4 articular cartilage lesion of medial femoral condyle. Based on clinical information and medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for continuous passive motion based on the aforementioned surgical arthroscopic procedure, retrospective knee continuous passive motion 12 day rental date of service December 5, 2014 is not medically necessary.

Retrospective request for sheepskin pad purchase with a dos of 12/5/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective request for sheepskin pad for purchase date of service December 5, 2014 is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for

convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are chondral injury of the right knee medial femoral condyle; and status post right knee diagnostic operative arthroscopy. The date of injury is December 17, 2013. The request for authorization is December 30, 2014. According to a progress note dated December 18, 2014, the injured worker had a diagnostic operative arthroscopy of the right knee on December 5, 2014 that included partial lateral meniscectomy; synovectomy/debridement (anterior compartment), and arthroscopic microfracture with subchondral drilling of grade 4 articular cartilage lesion of medial femoral condyle. Continuous passive motion is recommended for total knee arthroplasty; anterior cruciate ligament reconstruction (if inpatient care) and open reduction internal fixation of tibial plateau or distal femur fractures involving the knee joint. There is no documentation of total knee arthroplasty; anterior cruciate ligament reconstruction (if inpatient care) and open reduction internal fixation of tibial plateau or distal femur fractures involving the knee joint. The injured worker underwent partial lateral meniscectomy; synovectomy/debridement (anterior compartment), and arthroscopic microfracture with subchondral drilling of grade 4 articular cartilage lesion of medial femoral condyle. Knee continuous passive motion 12-day rental is not medically necessary and, as a result, the sheepskin pad to be used in conjunction with continuous passive motion is not clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective request for sheepskin pad for purchase date of service December 5, 2014 is not medically necessary.