

Case Number:	CM13-0001586		
Date Assigned:	03/05/2014	Date of Injury:	02/29/2012
Decision Date:	04/02/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 43 year old female with a date of injury of 02/29/2012. The listed diagnosis per [REDACTED] is status post arthroscopic surgery of the right knee dated 04/03/2013. According to report dated 06/13/2013 the patient presents for a follow up of her right knee. Examination of the knee reveals the patient still has a lot of pain located in the front part of the knee. She has quadriceps weakness on the right side that is rated as 4-5/10. There was some crepitation of the patella femoral joint noted. The treater notes the patient's gait is slow to recover from the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE CPM: 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), Use of Continous Passive Motion Devices.

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 chapter.

Decision rationale: This patient presents for a follow up status post right knee arthroscopic surgery (04/03/2013). The treater is requesting a CPM. The MTUS and ACOEM guidelines do not discuss continuous passive motion devices. Therefore, ODG guidelines were consulted. ODG under its knee and leg chapter has the following regarding continuous passive motion devices, "Recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. Routine home use of CPM has minimal benefit. Although research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application." ODG further states the criteria for home use is "up to 17 days after surgery while patients at risk for a stiff knee are immobile or unable to bear weight." In this case, the patient is status post arthroscopic surgery dated 04/03/2013. The treater does not specify the duration of this request and the medical file provided for review does not include a RFA. ODG guidelines have specific timeframes for post operative use for "up to 17days after surgery." The requested right knee CPM is not medically necessary.

RIGHT KNEE WRAP: 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), Continous-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), Continous-Flow Cryotherapy.

Decision rationale: This patient presents for a follow up status post right knee arthroscopic surgery (04/03/2013). The treater is requesting a "right knee wrap." The treater does not discuss exactly what type of wrap is being requested. It would appear that the treater is requesting a cold therapy wrap for the knee. The MTUS and ACOEM guidelines do not discuss Cold Therapy units specifically, therefore ODG guidelines are referenced. ODG guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated." The patient is status post right knee arthroscopic surgery dated 04/03/2013. It is not clear from the file that the request is to address the patient's post-op recovery. This patient is out of post-operative recovery time-frame by quite some time by now. ODG guidelines do not support this device other than for post-operative recovery. Furthermore, the treater does not specify the duration of the request. The requested right knee wrap is not medically necessary.