

Case Number:	CM13-0005123		
Date Assigned:	03/03/2014	Date of Injury:	09/11/2007
Decision Date:	06/13/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/31/2013

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 Orthopedic Surgery, 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:

The patient is a 49 year old male with reported an industrial injury on 9/11/07. The claimant is status post a right total knee arthroplasty of 10/30/12. According to the medical records provided for review, the patient was authorized for rental through 10/30/12 and the treating provider is requesting retrospective continuance through 12/30/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO REQUEST FOR CPM X 30 DAYS: 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).

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

Decision rationale: The MTUS Chronic Pain and ACOEM Guidelines are silent on the issue of continuous passive motion (CPM). According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 days following total knee arthroplasty. The current request exceeds the ODG recommendations. As the guideline criteria have not been met, the request is not medically necessary and appropriate.

PA VASCUTHERM X 30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, 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).

Decision rationale: The MTUS Chronic Pain and ACOEM Guidelines are silent on the issue of continuous flow cryotherapy. Per the ODG, it is recommended as an option after surgery but not more than 7 days. As the request is beyond the Guideline recommendation, the request is not medically necessary and appropriate.