MAXIMUS Federal Services

Case Number:	CM13-0020396		
Date Assigned:	10/11/2013	Date of Injury:	06/11/2008
Decision Date:	08/25/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/05/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old male with a work injury dated 6/11/08. The patient indicates that on 06/11/08, while performing a home call during his job as a parole agent he was attacked from behind by a person. The right thumb, both knees, finger(s), right hand, both lower arms, both thumbs, multiple neck injury and both shoulders have been accepted by the carrier. The diagnoses include end-stage left knee osteoarthritis. Under consideration is a request for CPM (continuous passive motion) unit rental x 30 days as well as cold therapy Thermacure contrast compression rental x 30 days. There is a primary treating physician (PR-2) document dated 2/2/13 that states that he continues to have knee pain. On exam the left knee has 2+ effusion; Range of motion 5-125 degrees with pain and crepitus throughout the arc of motion. There is joint line tenderness and patellofemoral crepitus. Compartments are soft, distally neurovascularly intact. No gross instability. A knee x-ray reveals joint space narrowing, subchondral sclerosis and osteophyte formation. The diagnoses include end-stage left knee osteoarthritis. The patient was scheduled 8/5/13 for a total knee arthroplasty on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (continuous passive motion) Unit rental 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 Knee and Leg - CPM.

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-Continuous passive motion (CPM).

Decision rationale: CPM unit rental x 30 days is not medically necessary per the ODG Chronic Guidelines. The ODG states that CPM units can be used in the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21) following a total knee arthroplasty (revision and primary). The guidelines state that for home use a CPM unit can be used up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight. The request as written exceeds the guideline recommendations and is therefore not medically necessary.

Cold Therapy Thermacure Compression rental 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 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 and leg-Continuous-flow cryotherapy.

Decision rationale: Cold therapy Thermacure contrast compression rental x 30 days is not medically necessary per the ODG guidelines. The MTUS does not address cold compression rentals. The ODG states that postoperative use of continuous cryotherapy generally may be up to 7 days, including home use. The request as written exceeds this recommendation and is therefore not medically necessary.