

Case Number:	CM13-0026283		
Date Assigned:	11/22/2013	Date of Injury:	12/03/2012
Decision Date:	01/28/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 in his mid 50s and reportedly suffered an injury to his knee in December of 2012. He had previously had undergone ACL reconstruction in 1992. More recently, he developed increasing pain. According to the records, he has a significant amount of degenerative changes, but there were also concerns that he has associated meniscal pathology. Although his treating physician suspected he will likely come to total knee arthroplasty in the future, it had been recommended that he undergo arthroscopic surgery. In conjunction with the recommendations for arthroscopic surgery, the request was for a CPM and cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 day rental of a right knee continuous passive motion device: 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 ODG, Knee Chapter, Continuous Passive Motion (CPM).

Decision rationale: The evidence based MTUS Guidelines also suggest that after complex reconstruction procedures that a CPM unit can be considered reasonable and appropriate for up

to 21 days following the major reconstructive surgery such as an ACL reconstruction, total knee arthroplasty, or complex fracture care. The records in this particular case would appear to suggest that this gentleman has adequate range of motion preoperative and is not scheduled for a complex reconstructive procedure. As such, there would be no indication, based on the evidence based literature, to support the recommendation for CPM machine in this setting.

purchase of supplies for the CPM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.

purchase of DONJOY iceman Clearcube cold therapy device: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Continuous Flow Cryotherapy.

Decision rationale: The MTUS Guidelines do not specifically address the indications for cold therapy unit. The ODG, as a supplement to the MTUS Guidelines identified, states that they can be considered reasonable and appropriate for up to seven days following surgeries. The request in this particular case to purchase the unit would not be considered reasonable or medically necessary as it is not supported in the evidence based literature. As such, the denial of services is appropriate in this setting.