

Case Number:	CM13-0030231		
Date Assigned:	11/27/2013	Date of Injury:	03/24/2009
Decision Date:	01/22/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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 Family Practice, 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:

The claimant is a 66-year-old gentleman who was injured in a work-related accident on 03/24/2009. He was noted to have tripped in a classroom, landing directly on the bilateral knees resulting in bilateral knee complaints. Available for review is a recent operative report of 08/23/2013 where the claimant was treated surgically by [REDACTED] for a preoperative diagnosis of left knee osteoarthritis for a left total knee replacement procedure. A followup assessment available for review from [REDACTED] of 09/03/2013 indicated the claimant to be status post the above procedure with no subjective complaints and an examination showing 10 to 90 degrees range of motion with moderate swelling and no calf tenderness. At time of operative assessment there were specific requests for physical therapy for 12 sessions for the left knee. There were also requests for a 2 week rental of a cold therapy unit for the left knee. No further postoperative records are available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health physical therapy, left knee, QTY: 12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Home Health Services, Page(s): 51, Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Treatment Guidelines and supported by Chronic Pain Medical Treatment Guidelines, a rule of 12 sessions of initial physical therapy from a home health prospective would appear reasonable. Home health services are recommended on an intermittent basis for individuals who are otherwise home bound on a part time point of view. Twelve sessions of physical therapy would also equate to the initial one half rule therapy in the postoperative setting for guidelines that recommend 24 sessions in the postoperative setting. Given the claimant's current clinic picture of recent knee replacement procedure, the rule of 12 initial home care physical therapy sessions would appear reasonable and necessary based on clinical guideline criteria.

Cold therapy unit rental (weeks), QTY: 2: 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), Knee Chapter, Cryotherapy.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines (ODG) criteria 2 week rental of a cryotherapy device would not be supported. While the ODG do recommend the role of cryotherapy devices in the post knee surgery setting, recent clinical trials did not support the role of cryotherapy devices in the total knee arthroplasty setting. Furthermore, the requested 2 weeks of rental would exceed guideline criteria and would not be supported. Based on the above, the specific request for cryotherapy device following knee replacement procedure which is not supported by ODG for 2 weeks, and which would also exceed ODG criteria of 7 days; therefore, would not be supported.