

Case Number:	CM13-0031011		
Date Assigned:	12/04/2013	Date of Injury:	06/25/2010
Decision Date:	01/24/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/02/2013

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:

The claimant is a 61-year-old gentleman who was injured June 25, 2010. Specific to his right knee, clinical records in this case indicate a January 30, 2013 operative report indicating a right total knee arthroplasty. There is indication at present that current recommendations are for a left total joint arthroplasty. The most recent clinical assessment of August 20, 2013 indicates the claimant's right knee is noted to be improved with examination demonstrating motion to greater than 90 degrees and radiographs demonstrating no interval change in position of arthroplasty. He was diagnosed with advanced arthritis to the left knee. Treatment recommendations at that time were documented to show request for a Vasotherm rental for the right knee for 30 days as well as a continued rental of a CPM device for the right knee for an additional 30 days. Further followup of October 6, 2013 with [REDACTED] indicated that the claimant's right knee was now with 110 degrees range of motion which was improved from time of a postoperative manipulation under anesthesia that occurred on June 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued rental knee CPM x 30 days right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of continuation of CPM usage for an additional 30 days from the request in August 2013 would not be indicated. CPM use is only recommended for up to 21 days including home use following total joint arthroplasty, surgical fixation of fracture and anterior cruciate ligament reconstruction. There would be nothing indicating the need for this device 6+ weeks following a manipulation under anesthesia in a claimant who had undergone total knee arthroplasty seven months prior. The specific request would exceed Guideline criteria and would not be indicated.

Vasotherm x30 days right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

Decision rationale: Also based on Official Disability Guidelines as California MTUS Guidelines are silent, the continued role of a Vasotherm device for 30 day rental for the right knee would not be indicated. While vasopneumatic devices are recommended following acute injury to reduce swelling and edema, the use of this device in this subacute stage of the claimant's clinical course of surgical care would not be supported based on the timeframe the request took place as well as the duration for which the request is recommended