

Case Number:	CM13-0036829		
Date Assigned:	12/13/2013	Date of Injury:	01/06/2007
Decision Date:	02/12/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/21/2013

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 67-year-old gentleman who was injured in a work-related accident on January 16, 2007; he sustained an injury to the knee. A prior utilization review decision indicated that the claimant has been authorized for a right total joint arthroplasty procedure based on failed conservative care and degenerative changes to the knee. An October 21, 2013 assessment with treating surgeon [REDACTED] documented a recommendation for the surgical process for the claimant based on previous imaging assessment and documented failed conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

cold therapy unit for rental or purchase: Upheld

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

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

Decision rationale: The California ACOEM and MTUS guidelines are silent on this issue, so the Official Disability Guidelines were used. Recent clinical literature indicates that while cryotherapy devices are beneficial following knee surgery, they show less benefit with total joint replacement surgery. In that respect, they show no more effect than conservative therapy and

standard care alone. The use of such a device following knee replacement procedure is not supported, and the request is non-certified.

x-ray of the right knee: Upheld

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

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

Decision rationale: The California MTUS guidelines are silent on this issue, so the Official Disability Guidelines were used. Clinical records in this case indicate that the claimant's diagnosis of advanced degenerative disease has clearly been diagnosed and established. There would be no indication for further radiographs in this case based on the claimant's current clinical presentation and assessment. Therefore, the request is non-certified.

CT scan of the right knee: Upheld

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

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

Decision rationale: The MTUS Guidelines are silent on this issue, so the Official Disability Guidelines were used. At present, there is no current indication for a preoperative CT assessment of the knee for this claimant. This would not add anything to the claimant's current diagnosis or preoperative assessment. The specific request for this form of imaging is not supported by guideline criteria. Therefore, the request is non-certified.