

<b>Case Number:</b>	CM13-0037630		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/29/2008
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 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 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:

This is a 54-year-old female injured on December 29, 2008. The clinical records provided for review identified a left knee injury for which the claimant failed to improve with conservative care. The October 15, 2013 utilization review report documented certification for the request for surgical arthroscopy with a custom patellofemoral arthroplasty. The report based the need for surgery on the claimant's imaging, failed conservative measures, and ongoing pain complaints. This review is to determine the medical necessity for perioperative requests for bilateral knee radiographs for preoperative assessment, a 30-day rental of a continuous passive motion device, and the purchase of a cold therapy unit for use in the postoperative setting. The remaining clinical records were not pertinent to these requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST OF ONE COLD THERAPY UNIT: 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, (ACUTE AND CHRONIC), 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 PROCEDURE - CONTINUOUS-FLOW CRYOTHERAPY

**Decision rationale:** While the CA MTUS and ACOEM Guidelines are silent, the Official Disability Guidelines do not recommend the use of cryotherapy devices after arthroplasty. Therefore the request for prospective request of one cold therapy unit after arthroplasty cannot be recommended.

**PROSPECTIVE REQUEST FOR 30 DAY RENTAL UNIT OF 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, KNEE AND LEG, (ACUTE AND CHRONIC), CONTINUOUS PASSIVE MOTION UNIT

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG): KNEE PROCEDURE - CPM

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines only support the use of a continuous passive motion machine for up to 21 days in the postoperative setting after arthroplasty including home use. The specific request for 30 days of use would not be indicated.

**PROSPECTIVE REQUEST OF ONE X-RAY OF THE BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE PROCEDURE - RADIOGRAPHY (X-RAYS)

**Decision rationale:** The ACOEM Guidelines only address x-rays of the knee after trauma. When looking at the Official Disability Guidelines, plain film radiographs of the bilateral knees would not be indicated. While this is being recommended for preoperative assessment, the claimant's working diagnosis and need for operative intervention has already been well established. Therefore, further imaging at this stage in the claimant's clinical course of care would not be supported.