

Case Number:	CM13-0053261		
Date Assigned:	03/31/2014	Date of Injury:	03/26/2012
Decision Date:	05/23/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/18/2013

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 patient sustained an injury to the right knee in a work-related accident on 10/18/13. An orthopedic assessment documented continued complaints of right knee pain. Total joint arthroplasty was recommended and ultimately supported through a utilization review process. The recommendation is also made for the perioperative use of a walker and perioperative use of a cryotherapy device for an unspecified amount of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

WALKER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking Aids

Decision rationale: California MTUS Guidelines do not address the use of walkers. Based upon the Official Disability Guidelines, the request for a walker, an ambulatory device, is recommended as medically necessary. Following total joint arthroplasty, it is anticipated that the

claimant will be weak and the use of a walker to assist in ambulation and provide support would be necessary and appropriate.

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous-flow cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous-flow cryotherapy

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the proposed cold therapy unit is not recommended as medically necessary. While California ACOEM Guidelines recommend the use for topical applications of cold following acute injury, the Official Disability Guidelines indicate that recent randomized clinical trials fail to support the need of cryotherapy following arthroplasty. Also, the request for the cold therapy unit is not documented for use over a specific length of time. Therefore, the request for a cold therapy unit is not medically necessary.