

<b>Case Number:</b>	CM13-0054309		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Internal Medicine, 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 patient is a 56-year-old male who reported an injury on 10/07/2011. The mechanism of injury was noted to be a trip in the parking lot. The patient was noted to have a chief complaint of left knee pain. The patient was noted to have undergone a right knee arthroscopy in 2004, a post-revision left knee arthroscopy that was updated and the patient was noted to undergo left knee surgeries on 04/30/2012, 06/21/2013, and 08/7/2013. The patient was noted to have arthroscopy x2 with [REDACTED] without relief. Per the submitted documentation, the request had been made for a left knee total arthroplasty. The patient's diagnoses were noted to include pain in the joint lower leg, and osteoarthritis unspecified lower leg left. The request was made for postoperative polar care, postoperative walker, postoperative raised toilet seat, and a CPM unit 3 weeks rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Post-Operative Polar Cane: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & Leg, and 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 & Leg Chapter, and Continuous Flow Cryotherapy.

**Decision rationale:** Official Disability Guidelines indicate that continuous flow cryotherapy is appropriate for patients for up to 7 days postoperatively. The submitted request failed to indicate the duration, and whether the request was for purchase or rental. Additionally, there was a lack of documentation per the submitted request as to whether the total knee surgery was medically necessary. Given the above and the lack of documentation, the request for postoperative polar care is not medically necessary.

**Post-Operative Walker:** Upheld

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

**Decision rationale:** Official Disability Guidelines indicate wheeled walkers are preferable for patients with bilateral disease. There was a lack of documentation per the submitted request as to whether the request was for purchase or rental of a postoperative walker. Additionally, as there was a lack of documentation indicating if the surgery was approved, the request for a postoperative walker is not medically necessary.

**Post-Operative Raised Toilet Seat:** 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), Durable Medical Equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, and Durable Medical Equipment (DME).

**Decision rationale:** Official Disability Guidelines indicate that certain DME toilet items, including commodes, are medically necessary if the patient is bed or room confined, and such devices as a raised toilet seat may be medically necessary when prescribed as part of a medical treatment plan for injury, infections, or conditions that result in physical limitations. There was a lack of documentation indicating whether the request was for a purchase or rental of a postoperative raised toilet seat. Additionally, there was a lack of documentation indicating whether the total knee surgery was approved. Given the above, the request for a postoperative raised toilet seat is not medically necessary.

**Post-Operative Continuous Passive Motion (CPM) Unit, 3 weeks rental: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Continuous Passive Motion (CPM).

**Decision rationale:** Official Disability Guidelines indicate that a CPM unit is appropriate for patients with a total knee arthroplasty for no more than 21 days. The request would be supported if there was documentation that the patient had a total knee arthroplasty or the arthroplasty was approved. Given the above and the lack of documentation, the request for postoperative CPM unit 3 weeks rental is not medically necessary.