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| Case Number: | CM13-0056049 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 01/01/2009 |
| Decision Date: | 05/19/2014 | UR Denial Date: | 11/14/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

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:

The claimant is a 55-year-old gentleman who sustained an injury to the right knee in work related accident on January 1, 2009. The records provided for review indicate that since the time of injury the claimant underwent left total knee arthroplasty on July 3, 2012 and right knee arthroscopy for partial meniscectomy and debridement on February 18, 2013. The clinical report dated September 26, 2013 indicated ongoing complaints of pain in the right knee, severe in nature, with plain film radiographs revealing advanced degenerative arthrosis. A medical report indicates the claimant's current BMI is 36. Treatment to date for the right knee has included arthroscopy, physical therapy, corticosteroid and prior medication management. Based on failed conservative care, total joint arthroplasty of the claimant's right knee is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RIGHT KNEE TOTAL ARTHROPLASTY: 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), Indications for Surgery.

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 Chapter, Knee Joint Replacement Section.

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, the request for right total joint arthroplasty in this individual would appear medically necessary. While the patient's BMI is slightly elevated, he has failed conservative care with endstage arthrosis and continues to be symptomatic. The request for a right knee total arthroplasty is medically necessary and appropriate.

THE PURCHASE OF A 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.

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 Chapter, Continuous-Flow Cryotherapy Section.

Decision rationale: The CA MTUS and ACOEM Guidelines do not address cryotherapy in the postoperative setting. The Official Disability Guidelines recommend the use of cryotherapy devices for up to seven days in the postoperative setting including in home use. However, the Official Disability Guidelines would not recommend purchase of the cryotherapy device since its use is only recommended for seven days. The request for the purchase of a cold therapy unit is not medically necessary or appropriate.