

Case Number:	CM13-0060119		
Date Assigned:	12/30/2013	Date of Injury:	03/14/2007
Decision Date:	04/18/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/03/2013

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 67 year old claimant has a date of injury on March 14, 2007. The claimant is status post left total knee arthroplasty and is scheduled to undergo a right total knee arthroplasty. Recommendation has been made for DME purchase of crutches and a walker, inpatient rehabilitation, home health physical therapy, DME purchase of a cold therapy unit and outpatient physical therapy. The total knee procedure but the inpatient rehabilitation for three to seven days and DME purchase of a cold therapy unit were not recommended. An Independent review was requested for these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

A POSSIBLE INPATIENT REHABILITATION UNIT FOR 3-7 DAYS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Skilled Nursing Facility

Decision rationale: Possible inpatient rehabilitation unit for three to seven days would be considered medically necessary based on the records provided in this case and the Official

Disability Guidelines. The CA MTUS and ACOEM Guidelines do not address this issue. If one looks toward the Official Disability Guidelines, the chapter section on skilled nursing facility length of stay, recommend that six to twelve days in an inpatient facility is an option but not a requirement and the length of stay is dependent on the patient's degree of functional limitation, ability to participate with rehabilitation, immediately following three to four days acute hospital stay for arthroplasty. It appears this has been requested in the event the claimant is unable to be discharged to home following total knee arthroplasty. A short stay in a rehabilitation hospital is the norm following total knee arthroplasty and three to seven days is reasonable based on the Official Disability Guidelines. Therefore, possible inpatient rehabilitation unit for three to seven days would be considered medically necessary based on the records provided in this case and the Official Disability Guidelines.

PURCHASE OF A COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: A DME purchase of a cold therapy unit would not be considered medically necessary and appropriate based on the records and the Official Disability Guidelines. The CA MTUS and ACOEM Guidelines do not adequately address this issue. If one looks to the Official Disability Guidelines section on continuous flow cryotherapy in the knee chapter postoperative use is warranted for up to seven days. The literature shows that cryotherapy after total knee arthroplasty yields not apparent lasting benefits and current evidence does not support the routine use of cryotherapy after total knee arthroplasty as this is not supported by the Official Disability Guidelines. The DME purchase of a cold therapy unit cannot be certified in this case.