

Case Number:	CM13-0063706		
Date Assigned:	12/30/2013	Date of Injury:	09/03/2009
Decision Date:	05/13/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational 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 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 patient is a 56-year-old female with a 9/3/09 date of injury. Her subjective complaints include persistent left knee pain and swelling. She states that symptoms are debilitating, affecting her activities of daily living. Objective findings include medial joint line tenderness, positive grind maneuver, and positive McMurray sign medially. An x-ray of the left knee taken on 10/9/13 revealed suprapatellar osteophyte formation, and severe narrowing of the medial joint space. Current diagnoses include left knee arthrosis post arthroscopy with osteochondral defect, and right knee pain, and treatment to date has been synvisc injections, physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY RENTAL OF A MOTORIZED 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)

Decision rationale: The MTUS does not address this issue; however, the Official Disability Guidelines state that continuous-flow cryotherapy is recommended postoperatively for up to 7

days, including home use. Within the medical information available for review, there is documentation of diagnoses of left knee arthrosis post arthroscopy with osteochondral defect, and right knee pain. In addition, there is documentation of pending surgery that is medically necessary. However, the proposed number of days of use of a motorized cold therapy unit exceeds guideline recommendations. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

30 DAY RENTAL OF A CONTINUOUS PASSIVE MOTION 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)

Decision rationale: The MTUS does not address this issue; however, the Official Disability Guidelines state that documentation of total knee arthroplasty, anterior cruciate ligament reconstruction, or open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint would allow for the recommendation of a continuous passive motion unit for up to 21 consecutive days. Within the medical information available for review, there is documentation of diagnoses of left knee arthrosis post arthroscopy with osteochondral defect, and right knee pain. In addition, there is documentation of pending total knee arthroplasty surgery that is medically necessary. However, the proposed number of days of use of a continuous passive motion unit exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.