

Case Number:	CM13-0065697		
Date Assigned:	01/03/2014	Date of Injury:	01/29/2011
Decision Date:	05/22/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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:

According to the records made available for review, this is a 55-year-old male with a 1/29/11 date of injury and status post revision right knee arthroscopy with partial medial and lateral meniscectomy, chondroplasty, removal of loose bodies, and lateral retinacular release on 8/16/13. At the time (11/14/13) of the request for authorization for knee CPM rental for 21 days (retrospective), purchase of a cold therapy unit and wrap (retrospective), and purchase of soft goods for the knee (retrospective), there is documentation of subjective (right knee pain) and objective (not specified) findings, current diagnoses (tricompartamental osteoarthritis of the right knee), and treatment to date (right knee arthroscopy with partial medial and lateral meniscectomy, chondroplasty, removal of loose bodies, and lateral retinacular release on 8/16/13 and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE CPM RENTAL FOR 21 DAYS (RETROSPECTIVE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG KNEE AND LEG (ACUTE AND CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, CONTINUOUS PASSIVE MOTION (CPM).

Decision rationale: MTUS does not address this issue. ODG identifies documentation of any of the following surgeries (total knee arthroplasty; anterior cruciate ligament reconstruction; or open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint), as criteria necessary to support the medical necessity of a continuous passive motion unit for up to 21 consecutive days. Within the medical information available for review, there is documentation of a diagnosis of tricompartmental osteoarthritis of the right knee. However, despite documentation of revision right knee arthroscopy with partial medial and lateral meniscectomy, chondroplasty, removal of loose bodies, and lateral retinacular release on 8/16/13, there is no documentation of any of the following surgeries (total knee arthroplasty; anterior cruciate ligament reconstruction; or open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint). Therefore, based on guidelines and a review of the evidence, the request for knee CPM rental for 21 days (retrospective) is not medically necessary.

PURCHASE OF A COLD THERAPY UNIT AND WRAP (RETROSPECTIVE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG KNEE AND LEG (ACUTE AND CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, CONTINUOUS-FLOW CRYOTHERAPY

Decision rationale: MTUS does not address this issue. ODG states 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 a diagnosis of tricompartmental osteoarthritis of the right knee. In addition, there is documentation of revision right knee arthroscopy with partial medial and lateral meniscectomy, chondroplasty, removal of loose bodies, and lateral retinacular release on 8/16/13. However, given documentation of the request for purchase of a cold therapy unit and wrap, there is no documentation of the intention to use continuous-flow cryotherapy postoperatively for up to 7 days, including home use. Therefore, based on guidelines and a review of the evidence, the request for purchase of a cold therapy unit and wrap (retrospective) is not medically necessary.

PURCHASE OF SOFT GOODS FOR THE KNEE (RETROSPECTIVE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG KNEE AND LEG (ACUTE AND CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, CONTINUOUS PASSIVE MOTION (CPM).

Decision rationale: MTUS does not address this issue. ODG identifies documentation of any of the following surgeries (total knee arthroplasty; anterior cruciate ligament reconstruction; or open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint), as criteria necessary to support the medical necessity of a continuous passive motion unit for up to 21 consecutive days. Within the medical information available for review, there is documentation of a diagnosis of tricompartmental osteoarthritis of the right knee. In addition, there is documentation identifying the requested purchase of soft goods for the knee is for the associated request for CPM. However, despite documentation of revision right knee arthroscopy with partial medial and lateral meniscectomy, chondroplasty, removal of loose bodies, and lateral retinacular release on 8/16/13, there is no documentation of any of the following surgeries (total knee arthroplasty; anterior cruciate ligament reconstruction; or open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint). Therefore, based on guidelines and a review of the evidence, the request for purchase of soft goods for the knee (retrospective) is not medically necessary.