

Case Number:	CM13-0066503		
Date Assigned:	01/03/2014	Date of Injury:	04/13/2000
Decision Date:	03/28/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/16/2013

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 Orthopaedic 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 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:

This 69-year-old female presents with a history of poly-arthralgias (primarily of the spine and large joints) relative to cumulative trauma during a 35-year career as a flight attendant. Diagnosis includes left knee osteoarthritis, right hip sprain with evolving post-traumatic arthritis, compensatory lumbar sprain, bilateral carpal tunnel syndrome, right biceps strain, and upper back, neck, and right shoulder pain. The 10/29/13 left knee x-rays demonstrated end-stage patellofemoral joint osteoarthritis with bone-on-bone degeneration, and some lateral subluxation of the patellofemoral articulation. The medial and lateral joint compartments were well-preserved on weight bearing with minimal degenerative changes. The 10/29/13 orthopedic report documented persistent left knee pain and swelling with difficulty bearing weight to get up/down from kneeling or squatting, rising from a chair, or walking up stairs. Objective findings noted left-sided antalgic gait, active range of motion 0-125 degrees, pain throughout range of motion, crepitus, patellofemoral tenderness, grade 1 effusion, no instability or laxity, negative McMurray's, and normal reflexes and circulation. A left patellofemoral replacement arthroplasty was requested along with post-operative care/services. The patient was unable to take anti-inflammatory medications due to gastroesophageal reflux disease. The surgery was approved in utilization review and a request for 2-week rental of a cold therapy unit was certified with modification to 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment, cold therapy unit (CTU), rental 2 weeks RFA 11-6-13: 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).

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

Decision rationale: The request under consideration is for durable medical equipment, cold therapy unit (CTU) rental for 2 weeks. The California MTUS guidelines do not provide recommendations for cold therapy units in chronic injuries. The Official Disability Guidelines recommend the use of continuous-flow cryotherapy as an option after knee surgery for a period of up to 7 days. A left knee patellofemoral joint replacement was certified in utilization review and an associated request for 2-week rental of a CTU was certified with modification to 7-day rental. There is no compelling reason presented in the records to support the medical necessity of rental of a CTU beyond 7 days (as opposed to the potential for utilization of typically readily available household items such as prescribed cold packs, etc.) Therefore, this request for durable medical equipment, cold therapy unit (CTU) rental for 2 weeks is not medically necessary.