

Case Number:	CM14-0000829		
Date Assigned:	01/17/2014	Date of Injury:	07/02/2010
Decision Date:	05/07/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/02/2014

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 is a 42-year-old female who was injured on 07/02/10. The request for this review is for postoperative use of CPM device as well as a Vasotherm rental for 30 day purchase following a requested bilateral joint arthroplasty. The records do not indicate that the arthroplasty has taken place. There is no other pertinent information in regards to the claimant's clinical course of care in regards to the specific request at hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE CPM RENTAL FOR 30 DAYS WITH SOFT GOODS PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter.

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, Continuous Passive Motion.

Decision rationale: The California MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, the request for 30 day rental of a CPM device would not be indicated. The request for use of the CPM for 30 days exceeds the Official Disability Guideline

recommendation of 21 days. The specific request for this device for 30 days that exceeds the ODG Guidelines cannot be supported.

VASCUTHERM RENTAL FOR 30 DAYS WITH WRAP PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Procedure - Vasopneumatic Devices.

Decision rationale: The California MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, 30 day rental of a Vasotherm device would also not be indicated. The medical records provided for review do not indicate the need for rental for that length of period of time following the nature of the surgery being requested.