MAXIMUS Federal Services

Case Number:	CM14-0101498		
Date Assigned:	09/24/2014	Date of Injury:	06/05/2009
Decision Date:	11/26/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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 Occupational Medicine, and is licensed to practice in New York & North Carolina. 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 injured 6/5/2009, 9/13/2002 appealing the 6/20/14 denial of a CPM 30 day rental, Thermacure 2 30 day rental, Thermacure pad purchase and commode purchase. She is s/p a left TKA for treatment of left knee OA on 5/19/14. He has chronic neck and low back pain. He is diagnosed with multilevel disc disease and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM 30 day rental: 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 and Leg, Continuous Passive Motion CPM

Decision rationale: Per ODG (not addressed by the CA MTUS), a continuous passive motion device can be used up to 21 days in the hospital setting after a total knee arthroplasty. It can be used in the home up to 17 days after surgery. It is for those at risk of developing a stiff knee. Short-term use of CPM leads to greater short-term range of motion. Long-term use has not shown better functional performance. Those at risk of a stiff knee are immobile or unable to bear

weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. There is no information submitted that shows that the claimant meets the condition for those at risk of a stiff knee. The request is not medically necessary.

Thermacure 2, 30 day rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 44 48 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg , Cold/Heat packs

Decision rationale: The Thermacure is a moist digital heat pad. Per literature on the device, it is designed provide deep, penetrating moist heat, controlled by a digitally controlled unit for treatment of pain from various conditions, including arthritis. Per the MTUS, ACOEM guidelines, self-management is advised. Heat and cold can be used to manage musculoskeletal symptoms. Application of heat and cold may temporarily ameliorate symptoms and facilitate mobilization and exercise. The guideline notes that at home use of heat packs before or after exercise may be helpful to facilitate therapy. The ODG notes heat improved disability and quality of life but did not improve pain, gait, and joint and composite function measures. There is no evidence that the heat has to be delivered in this digital heating pad format, as opposed to using traditional hot packs or a hot moist towel. There is no explanation for the medical need for this device. The request is not medically necessary.

Thermacure pad, purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 44 48 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg , Cold/Heat packs

Decision rationale: The Thermacure is a moist digital heat pad. Per literature on the device, it is designed provide deep, penetrating moist heat, controlled by a digitally controlled unit for treatment of pain from various conditions, including arthritis. Per the MTUS, ACOEM guidelines, self-management is advised. Heat and cold can be used to manage musculoskeletal symptoms. Application of heat and cold may temporarily ameliorate symptoms and facilitate mobilization and exercise. The guideline notes that at home use of heat packs before or after exercise may be helpful to facilitate therapy. The ODG notes heat improved disability and quality of life but did not improve pain, gait, and joint and composite function measures. There is no evidence that the heat has to be delivered in this digital heating pad format, as opposed to

using traditional hot packs or a hot moist towel. There is no explanation for the medical need for this device. The request is not medically necessary.

Commode, purchase: 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 and Leg, Durable Medical Equipment DME

Decision rationale: The MTUS does not address commodes. Per ODG, DME are recommended generally if there is a medical need. Most bathroom and toilet supplies do not customarily serve a medical purpose, per ODG, and are primarily used for convenience in the home. Certain DME toilet items, such as commodes, are considered medically necessary if the patient is bed- or room-confine. Devices such as commode chairs may be medically necessary when prescribed as a part of a medical treatment plan for condition those results in physical limitations. There is no explanation of why this is medically necessary in the request, so it is considered a convenience. The patient has been previously granted an assistive ambulatory device (wheeled walker), which should facilitate use of the bathroom. The request is not medically necessary.