

Case Number:	CM14-0106530		
Date Assigned:	09/24/2014	Date of Injury:	05/28/2009
Decision Date:	10/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/09/2014

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 Family 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 59-year-old male who has submitted a claim for status post right total knee replacement (01/27/2014) associated with an industrial injury date of 05/28/2009. Medical records from 09/30/2013 to 01/27/2014 were reviewed and showed that patient complained of right knee pain (pain scale grade unspecified). Physical examination revealed grade 2 swelling over right knee with good ROM. Treatment to date has included right knee arthroscopic surgery (10/09/2009), right total knee replacement (01/27/2014), kenalog injection (06/18/2013 AND 12/23/2013), Synvisc injections for the right knee (12/2010, 11/2011, 02/2013, and 07/30/2013), and pain medications. Utilization review dated 06/12/2014 denied the request for Thermacure 2x30 day rental with pad. DOS 01/27/2014 because there was no clear discussion as to why there was a need of this specialized equipment. Utilization review dated 06/12/2014 denied the request for commode because there was no indication that the claimant will be unable to access the restroom at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure 2x30 day rental with pad. DOS 01/27/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Knee and leg procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, continuous flow cryotherapy

Decision rationale: CA MTUS does not specifically address continuous-flow cryotherapy; however, the Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the patient underwent right total knee replacement on 01/27/2014. The guidelines recommend cryotherapy as an option for 7 days postoperatively. However, the request of 30-day rental of Thermacure exceeded the guidelines recommendation. It is unclear as to why variance from the guidelines is needed. Therefore, the request for Thermacure 2x30 day rental with pad. DOS 01/27/2014 is not medically necessary.

Commode DOS 01/27/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Knee and leg procedure

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Section was used instead. It states that durable medical equipment (DME) is recommended generally if there is a medical need or purpose, is appropriate for home use, is generally not useful to a person in the absence of illness, and can withstand repeated use. Most bathroom and toilet supplies, i.e. commodes, do not customarily serve a medical purpose and are primarily used for convenience in the home. Certain DME toilet items (commodes) are medically necessary if the patient is bed- or room-confined. Environmental modifications are considered not primarily medical in nature. In this case, the patient underwent right total knee replacement on 01/27/2014. However, the patient's ambulatory status post-operatively was not documented. There was no evidence of being bed / room confined. The medical necessity cannot be established due to insufficient information. Therefore, the request for Commode DOS 01/27/2014 is not medically necessary.