

Case Number:	CM14-0012190		
Date Assigned:	02/21/2014	Date of Injury:	09/26/1997
Decision Date:	06/27/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/30/2014

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 Texas. 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 injured worker is a 62-year-old male who reported an injury on 09/26/1997 secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/21/2013 for admission into a skilled nursing facility. Exam noted swelling and limited range of motion to the left lower extremity after a left total knee replacement performed on 12/16/2013. The exam further noted ecchymosis around the incision and stiffness to the lateral left thigh and knee. Treatment plan included physical therapy evaluation. The diagnoses included total left knee replacement. The Request for Authorization and rationale for request were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

POLAR CARE AND KIT X 14 DAYS POST SURGERY: 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), Knee 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, Continuous-flow Cryotherapy.

Decision rationale: The Official Disability Guidelines may recommend continuous flow cryotherapy as an option after surgery. Postoperative is considered up to 7 days, including home use. The guidelines further indicate that cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker did have a left total knee replacement with swelling and stiffness noted upon the examination. However, the request for 14 days exceeds the recommended guidelines. Therefore, based on the documentation provided, the request for polar care and kit x 14 days post surgery is not medically necessary and appropriate.