

Case Number:	CM14-0015535		
Date Assigned:	02/28/2014	Date of Injury:	04/05/2012
Decision Date:	07/24/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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:

The patient is 68-year-old male with a 4/5/12 date of injury to the left knee. 2/13/14 Progress note documented improvement in left knee range of motion. 9/4/13 Progress note described ongoing left knee pain. The patient had a steroid injection. Physical examination was unchanged. 10/10/13 Orthopedic consultation discussed ongoing knee pain; crepitus; tenderness and limping. The patient underwent TKA on 12/3/13. DME were requested from 12/3/13-1/2/14. Treatment rendered to date has included Synvisc injection, brace, icing, applying heat with a heating pad, left knee arthroscopy, activity modification, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PASSIVE MOTION EXERCISE DEVICE: 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), pain chapter, ODG Knee & Leg.

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

Decision rationale: Medical necessity for the requested passive motion exercise device is not established. CPM is supported by ODG post operatively, following ACL reconstruction; TKA;

and ORIF. ODG states that continuous passive motion is recommended combined with PT, postoperatively. The patient is status post TKA (12/3/13), however guidelines support the use of CPM for 21 days. The request is beyond the duration recommended by guidelines and is not substantiated. Therefore the request is not medically necessary and appropriate.

WATER CIRCULATING COLD PAD WITH PUMP: 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) , pain chapter, ODG Knee & Leg.

MAXIMUS guideline: Decision based on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 299, 308 and the Non-MTUS Official Disability Guidelines (ODG), Knee Chapter, continuous-flow cryotherapy.

Decision rationale: Medical necessity for the requested circulating cold pad with pump is not supported. The patient is status post TKA (12/3/13). DME were requested from 12/3/13-1/2/14. Guidelines support 7 days of postoperative cryotherapy use, however the request is beyond the duration recommended by guidelines and is not substantiated. Therefore the request is not medically necessary and appropriate.

PAD WATER CIRCULATING HEAT UNIT REPLACEMENT: 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) , pain chapter, ODG Knee & Leg.

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

Decision rationale: Medical necessity for the requested water circulating heat unit circulating cold pad with pump is not supported. The patient is status post TKA (12/3/13). DME were requested from 12/3/13-1/2/14. Guidelines support 7 days of postoperative cryotherapy use, however there are no published high quality studies on any combined system. Therefore the request is not medically necessary and appropriate.