

Case Number:	CM14-0136598		
Date Assigned:	10/28/2014	Date of Injury:	06/17/2012
Decision Date:	12/04/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/25/2014

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 Minnesota. 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 57 year old male with end-stage osteoarthritis of the right knee who underwent a right Total Knee Replacement with computer navigation on 8/6/2014. The pre-operative progress note dated 7/30/2014 indicated 5/5 pain in the knee. The disputed issues pertain to a 30 day rental of Thermacure 2 for post-operative use and a 30 day rental of continuous passive motion machine along with purchase of pads for both units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure 2 x 30-day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Knee; Topic

Decision rationale: California Post-operative continuous flow cryotherapy is beneficial after a total knee period. The ODG guidelines recommend cryotherapy for 7 days. There is no support for post-operative hot/ cold therapy although it is recommended for osteoarthritis. The Thermacure 2x 30 day rental was therefore not medically necessary per guidelines.

Thermacure 2 Pad purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

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

Decision rationale: 7 day use of post-operative cryotherapy was medically necessary per guidelines cited above although the 30 day rental was not medically necessary. Therefore the pad was also medically necessary for the 7 days.

CPM x 30-day rental: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Continuous Passive Motion

Decision rationale: California MTUS does not address post-operative continuous passive motion. ODG guidelines indicate use of post-operative CPM is beneficial for 4-10 days and no more than 21 days after a Total Knee Arthroplasty. Therefore the request for 30 day CPM rental exceeds the guidelines and was not medically necessary.

CPM pad purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: As discussed above, the post-operative CPM rental was medically necessary for 4-10 days and no more than 21 days. Therefore purchase of the CPM pad is also necessary.