

Case Number:	CM14-0151150		
Date Assigned:	09/19/2014	Date of Injury:	12/13/2010
Decision Date:	10/28/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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:

75 year old male with industrial injury reported on 12/13/10. Diagnosis is made of osteoarthritis of the knee. Claimant is status post a right knee arthroscopy with debridement on 6/29/11. Exam note from 8/7/14 demonstrates complaints of persistent knee pain. The patient reportedly utilizes a cane for support. Exam demonstrates moderate swelling consistent with progressive arthritis, varus deformity, limited range of motion, medical joint line tenderness and positive McMurray's sign. Treatment recommendation is for a knee replacement surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown days rental of knee continuous passive motion machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than

21 following total knee arthroplasty. As the guideline criteria have not been met the determination is for non-certification. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

1 Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Knee and Leg, Continuous Flow Cryotherapy

Decision rationale: CA MTUS/ACOEM is silent on the issue of cyrotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the determination is for non-certification. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

1 Transcutaneous electrical nerve simulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: CA MTUS/ACOEM Chapter 13, Knee complaints, page 339 states that, "some studies have shown that transcutaneous electrical neurostimulation (TENS) units and acupuncture may be beneficial in patients with chronic knee pain, but there is insufficient evidence of benefit in acute knee problems." Therefore the decision to prescribe a TENS unit in the immediate, acute, postoperative setting is not supported by the guidelines above and determination is for non-certification. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.