

Case Number:	CM14-0169073		
Date Assigned:	10/20/2014	Date of Injury:	05/15/2006
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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:

This 68-year-old female retired registered nurse sustained an industrial injury on 5/15/06 relative to cumulative trauma. Past medical history was positive for hypertension, hypothyroidism and diabetes. Past surgical history was positive for right total knee arthroplasty. The 9/16/14 orthopedic report documented end-stage tricompartmental degenerative osteoarthritis of the left knee. Conservative treatment included prior arthroscopic debridement, anti-inflammatory medications, bracing and physical therapy without sustained benefit. Subjective complaints documented daily moderate to severe left knee pain. Functional limitations were noted in walking tolerance, stair climbing, and donning/doffing shoes and socks. Physical exam documented height 5'3" and weight 150 pounds. Left knee range of motion was -10 to 110 degrees with valgus pseudolaxity, tricompartmental crepitation, 2+ sagittal laxity, and mild effusion. Left knee x-rays documented end-stage degenerative osteoarthritis with complete joint space collapse in the medial compartment with subchondral sclerosis present. There was early tibial subluxation laterally and marked change in the patellofemoral joint. Authorization was requested for right total knee arthroplasty, including a cold therapy unit for 30 day rental or purchase. The 9/30/14 utilization review modified the request for a cold therapy unit and approved a 7-day rental consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op cold therapy unit for hospital and home use (30 day rental or to purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter, continuous-flow cryotherapy

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 flow cryotherapy

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery for up to 7 days, including home use. The 9/30/14 utilization review decision recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request is not medically necessary.