

Case Number:	CM14-0169883		
Date Assigned:	10/20/2014	Date of Injury:	07/23/2010
Decision Date:	11/20/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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 claimant is a 54-year old who was injured in a work-related accident on 07/23/10. The medical records provided for review documented that the claimant is currently diagnosed with left knee osteoarthritis and is scheduled to have left total knee arthroplasty. There are requests for postoperative use of 30 day rental of a TheraCare unit and purchase of a pad, a 30 day rental of a CPM device and a commode seat. The medical records documented that the claimant has been authorized for the knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-Op TheraCare, with pad purchase, x 30 day rental:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter: Continuous-flow cryotherapy.

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for thirty day rental of a TheraCare unit and purchase of a

pad is not recommended as medically necessary. The ACOEM Guidelines recommend the use of cold and heat applications to treat pain and swelling. The Official Disability Guidelines generally support the ACOEM Guidelines for use of cryotherapy units in the immediate postoperative period, including home use, for up to seven (7) days. However, the ODG Guidelines recommend that recent literature concluded that, despite some early gains, cryotherapy after total knee replacement yields no apparent lasting benefits, and the current evidence does not support the routine use of cryotherapy after total knee replacement. While the request for 30 days use of a ThermoCare unit including purchase of a pad exceeds the guideline criteria, the use of a ThermoCare device in the postoperative setting of knee arthroplasty is not supported by guidelines. The request for a ThermoCare unit and purchase of a pad is not medically necessary.

Associated surgical service: Post-Op CPM with pad purchase, 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, Knee and Leg Procedure Summary

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

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for use of a CPM device for 30 days postoperatively cannot be supported as medically necessary. While the Official Disability Guidelines support the use of a CPM machine following primary as well as revision total knee arthroplasty, they only recommend its use for up to 21 days including use in the home setting. The request for 30 days use of a CPM unit exceeds the standard guideline criteria and cannot be supported. Therefore, Associated surgical service: Post-Op CPM with pad purchase, x 30 day rental is not medically necessary.

Associated surgical service: Post-Op Commode: 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Chapter: Durable medical equipment (DME)

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for a postop commode is not recommended as medically necessary. Generally, total knee arthroplasty would not support the role of a commode. There is no documentation that the claimant has a disabling diagnosis or would be unable to perform activities of daily living following total knee

arthroplasty as there is with other such procedures as hip arthroplasty. The routine use of commodes following total knee arthroplasty cannot be indicated as medically necessary.