

Case Number:	CM14-0022561		
Date Assigned:	05/07/2014	Date of Injury:	11/13/2001
Decision Date:	08/05/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/21/2014

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 is a 53 year old claimant with an industrial injury on 11/13/01. The medical examination on 8/22/11 demonstrates complaints of low back, bilateral knee, neck and mid back pain. The claimant is status post right knee arthroplasty and right knee arthroscopy with debridement on 2/4/13. Exam note 9/11/13 demonstrates increased bilateral knee pain. Right medial pain radiates down the right lower leg. The claimant described pain as sharp and worse when stepping down the leg. Recommendation for Synvisc injection. Exam note 1/17/14 demonstrates complaints of right knee pain worse than left. Approval for right knee revision total knee replacement by utilization review 2/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PURCHASE OF A 3 IN 1 COMMODE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy for Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield Medical Policy, Durable Medical Equipment.

Decision rationale: The California MTUS Guidelines and the Official Disability Guidelines are silent on the issue of a 3 in 1 commode. The Blue Cross Blue Shield Medical Policy regarding durable medical equipment (DME) states that DME is not medically necessary if used predominately for convenience. A 3 in 1 commode is considered DME. In this case, the records do not demonstrate medical necessity to support a 3 in 1 commode. Therefore, the purchase of a 3 in 1 commode is not medically necessary or appropriate.

A COLD COMPRESSION UNIT (2 WEEK RENTAL): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation ODG Knee 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 and Leg, Cryotherapy.

Decision rationale: The California MTUS Guidelines are silent on the issue of cryotherapy. Regarding continuous flow cryotherapy, the Official Disability Guidelines state that it is a recommended option after surgery, but not for nonsurgical treatment. Continuous flow cryotherapy is recommended for up to 7 days postoperatively. In this case, 14 days were requested. Therefore, the requested 14 day rental of a cold compression unit is not medically necessary or appropriate.