

Case Number:	CM14-0024414		
Date Assigned:	06/11/2014	Date of Injury:	02/15/2005
Decision Date:	08/01/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/26/2014

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 67-year-old who injured his low back and knees in a work related accident on February 15, 2005. The medical records provided for review document that the claimant has been authorized for total joint arthroplasty procedure through the Utilization review process. This review is to determine the medical necessity for twelve outpatient physical therapy sessions, a hot/ice machine, and preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM guidelines, the request for preoperative medical clearance would be indicated. Joint arthroplasty is an invasive operation necessitating blood loss, anesthesia, and hospitalization. Preoperative medical clearance would be supported

given the nature of the surgery planned. The request for pre-operative medical clearance is medically necessary and appropriate.

A hot ice 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Procedure Chapter, Continuous-Flow Cryotherapy.

Decision rationale: The Knee Complaints Chapter of the ACOEM Practice Guidelines support the at home application of heat and ice. Based on the ACOEM Guidelines and supported by the Official Disability Guidelines, the use of cryotherapy devices are not recommended following joint arthroplasty. According to the ODG, while there is benefit with cryotherapy following knee arthroscopy and related procedures, its benefit in the post-arthroplasty setting has not been proven. Therefore, the request for a hot ice machine is not medically necessary or appropriate.

Outpatient post-operative physical therapy, three times weekly for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines would support twelve sessions of postoperative physical therapy. The records in this case indicate need for joint arthroplasty and would support the role of postoperative therapy as requested. The request for outpatient post-operative physical therapy, three times weekly for four weeks, is medically necessary and appropriate.