

Case Number:	CM14-0036875		
Date Assigned:	08/06/2014	Date of Injury:	01/16/2008
Decision Date:	10/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 51-year-old female who reported an injury on 01/06/2008 due to a number of injuries through the course of her employment. The injured worker had a history of knee pain, neck pain and, right shoulder pain. The injured worker had diagnoses of arthritis of the knees, failed back surgery syndrome, lumbar spondylosis, cervical spondylosis with radiculopathy, disorder of a rotator cuff. Diagnostic studies included bone scans of the knees, MRI of the lumbar spine, MRI of the right knee, x-rays. Prior surgeries included arthroscopy of the right knee, patellar chondroplasty, and lysis of adhesion patella tendon anterior compartment and medial gutter. The objective findings dated 03/06/2014 of the right knee revealed extension lag of 5 degrees, flexion arc limited in terminal 10 degrees, crepitus was present, tenderness predominantly patellofemoral compartments, significant quadriceps muscle atrophy was noted. The treatment plan included postop cold/vascular unit, CPM machine times 4 weeks, physical therapy, occupational therapy, home physical therapy. The Request for Authorization dated 08/06/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative DME: cold/vascular unit per report dated 3/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017. Decision based on Non-MTUS Citation Official Disability Guidelines, knee & leg, 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 & Leg, continuous flow cryotherapy

Decision rationale: The request for Post-op DME: Cold/Vascular unit is not medically necessary. The California MTUS/ACOEM do not address this request. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery up to 7 days, including home use. The request for 1 hot/cold unit continuous flow cryotherapy exceeds the recommendations of the guidelines. It is unclear if the request is for purchase or rental of the unit and the medical documentation provided did not indicate a medical need for the cryotherapy unit that would fall within the guideline limitations, such as surgery. Therefore, the request is not medically necessary.

CPM machine for four weeks per report dated 3/6/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, 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 & Leg, Continuous Passive Motion.

Decision rationale: The request for CPM machine for 4 weeks is not medically necessary. The California MTUS/ACOEM do not address this request. The Official Disability Guidelines recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular physical therapy may be small. Routine home use of CPM has minimal benefit. Although research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application. Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary) (2) Anterior cruciate ligament reconstruction (if inpatient care) (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. The clinical notes do not indicate if the CPM Machine would be used for the in home or hospital use. The injured worker had put off having the surgery for years and there is no indication that the injured worker is going to actually have the surgery. All of other surgeries have failed for the injured worker. As such, the request is not medically necessary.

