MAXIMUS Federal Services

Case Number:	CM14-0037087		
Date Assigned:	06/25/2014	Date of Injury:	11/23/2004
Decision Date:	07/31/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 63-year-old male deputy fire chief sustained an industrial injury on 11/23/04, relative to a slip and fall while fighting a fire. The patient underwent bilateral knee arthroscopies. The 2/25/14 orthopedic report cited constant grade 8/10 bilateral knee pain, swelling, and catching and locking. The patient walked with a limp and had difficulty sleeping. His calculated body mass index was 22.43. Range of motion was 0-100 degrees with painful arc of motion. There was bilateral medial and lateral joint line tenderness and positive patellofemoral crepitus. Bilateral lower extremity strength was 5/5. X-rays were taken and showed bilateral tri-compartmental joint space narrowing, subchondral sclerosis and osteophyte formation. Comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and had failed. Bilateral total knee arthroplasty with computer navigation was recommended. The 3/20/14 utilization review modified the request for bilateral total knee arthroplasty with computer-assisted navigation, approving the bilateral total knee arthroscopy and denying the computer assisted navigation due to an absence of guideline support. The request for 2 pairs of TED hose was partially certified for one pair as the medically rationale for a second pair was not provided. A request for a cold therapy unit for 21 days was partially certified for 7 days consistent with guidelines. Records indicated that the second pair of TED hose was for patient convenience.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Total Knee Arthroplasty with computer navigation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Treatment for Worker Compensations, Knee And Leg, Knee Arthroplasty.

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, Robotic assisted knee arthroplasty.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 3/20/14 utilization review decision partially certified a request for cold therapy unit x 21 days and approved a 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, the request for a CTU (cold therapy unit) beyond 7 days is not medically necessary.

Ted Hose stocking 2 pairs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Treatment For Worker Compensations, Knee And Leg.

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, Compression garments.

Decision rationale: The California MTUS does not address the medical necessity of compression garments for post-operative deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines recommend compression garments and state that there is good evidence for the use of compression in DVT prophylaxis. The 3/20/14 utilization review partially certified the request for 2 pairs of TED hose and approved one pair. Records indicate the second pair was for patient convenience. There is no compelling reason to support the medical necessity of a second pair. Therefore, this request for 2 pairs of Ted Hose stocking is not medically necessary.

CTU (Cold therapy unit) X 7days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Treatment for Worker's Compensations, Knee Procedure.

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 is silent regarding cold therapy units. The ODG state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 3/20/14 utilization review decision partially certified a request for cold therapy unit x 21 days and approved a 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, the request for a CTU (cold therapy unit) beyond 7 days is not medically necessary.