

Case Number:	CM14-0039394		
Date Assigned:	06/27/2014	Date of Injury:	07/02/2010
Decision Date:	08/08/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/03/2014

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:

43 year old female claimant with an industrial injury dated 07/02/10. Exam note 03/06/14 states patient returns to office with right knee pain. Patient is status post right total knee arthroplasty with computer navigation on 12/9/13. Patient mentions pain worsens when she is sitting for extended periods of time, and typically at night but it does not radiate down to the right lower extremity. Exam note 03/06/14 lists conservative treatments tried includes Synvisc-one injections, cortisone injections, physical therapy, ice/heat, and a brace all in which provided no pain relief. Range of motion has decreased, decreased mobility, sensation is intact distally and reports stiffness. MRI demonstrates a stable right total knee arthroplasty with no loosening, and joint space narrowing in the left knee. Plan for treatment includes a continuation of current medication, and physical therapy to continue to improve range of motion and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion (CPM) and Thermanure 2-29 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary, last updated 01/20/2014: Criteria for the use of continuous passive motion devices; Cold/Heat packs.

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, CPM.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. In this case the claimant is status post total knee replacement 12/9/13. This request for CPM is several months after the index procedure. Therefore the guideline criteria have not been met and the determination is for not medically necessary.

Purchase of Continuous Passive Motion (CPM) and Thermacure pads: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary, last updated 01/20/2014: Criteria for the use of continuous passive motion devices; Cold/Heat packs.

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, Hot/cold packs.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hot/cold therapy. According to ODG, Knee and Leg section, cold/heat packs, hot packs had no beneficial effect on edema compared with placebo or cold application. Therefore the request for Thermacure is not medically necessary.