

Case Number:	CM14-0045136		
Date Assigned:	07/02/2014	Date of Injury:	08/27/2010
Decision Date:	09/05/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 42-year-old male who reported an injury on 08/27/2010. The mechanism of injury involved a slip and fall. The current diagnosis is left knee tricompartmental osteoarthritis. The injured worker was evaluated on 02/17/2014 with complaints of persistent knee pain. It was noted that the injured worker had undergone 2 arthroscopic procedures to the left knee. Previous conservative treatment included physical therapy, injections, and bracing. Physical examination revealed no acute distress, medial and lateral joint line tenderness, normal sensation, and negative instability. X-rays of the left knee obtained in the office on that date indicated severe tricompartmental osteoarthritis. Treatment recommendations at that time included a total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints

Page(s): 339-340.

Decision rationale: The ACOEM Guidelines state a brace may be used for patellar instability, ACL tear, or MCL instability. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The current request for a knee brace was submitted in conjunction with a request for a total knee arthroplasty. There is no indication that this injured worker's surgical procedure has been authorized. Therefore, the current request is not medically necessary at this time. As such, the request is not medically necessary and appropriate.

Walker: Upheld

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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking Aid.

Decision rationale: The Official Disability Guidelines state walking aids are recommended as indicated. The current request for durable medical equipment was submitted in conjunction with a request for a total knee arthroplasty. However, there is no indication that this injured worker's surgical procedure has been authorized. As such, the request is not medically necessary and appropriate.

Crutches: Upheld

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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking Aid.

Decision rationale: The Official Disability Guidelines state walking aids are recommended as indicated. The current request for durable medical equipment was submitted in conjunction with a request for a total knee arthroplasty. However, there is no indication that this injured worker's surgical procedure has been authorized. Therefore, the current request is not medical necessary at this time. As such, the request is not medically necessary and appropriate.

Postoperative Physical Therapy 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 24-25.

Decision rationale: The MTUS Guidelines state the initial course of therapy means 1-half of the number of visits specified in the general course of therapy for the specific surgery in the

postsurgical physical medicine treatment recommendations. As per the documentation submitted, the injured worker is currently pending authorization for a total knee arthroplasty. The MTUS Guidelines state postsurgical treatment following an arthroplasty includes 24 visits over 10 weeks. The current request for 12 sessions would fall within Guideline recommendations. However, there is no indication that this injured worker's surgical procedure has been authorized. As such, the request is not medically necessary and appropriate.

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, 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 Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines state continuous flow cryotherapy is recommended for up to 7 days following surgery. There is no indication that this injured worker's surgical procedure has been authorized. There is also no total duration of treatment listed in the current request. As such, the request is not medically necessary and appropriate.

Continuous passive motion 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 knee & leg, continuous passive motion devices.

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 Chapter, Continuous Passive Motion.

Decision rationale: The Official Disability Guidelines state continuous passive motion is recommended in the acute hospital setting for 4 to 10 consecutive days following a total knee arthroplasty. There is no indication that this injured worker's surgical procedure has been authorized. There is also no total duration of treatment listed in the current request. As such, the request is not medically necessary and appropriate.