

Case Number:	CM14-0046112		
Date Assigned:	07/02/2014	Date of Injury:	04/28/2011
Decision Date:	09/09/2014	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 Family Medicine and is licensed to practice in Ohio. 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's date of injury was April 28, 2011. The injured worker underwent a total knee arthroplasty of the right knee on July 17, 2013. The injured worker completed six weeks of physical therapy and had generally been thought to be doing well for me postoperative standpoint. The injured worker did describe diffuse knee pain on a couple of occasions postoperatively. She was prescribed it topical anti-inflammatory to help. To start to be doing well with her home exercise program, it was generally thought to have a satisfactory postoperative course. The last treating physician note available was that of was that of January 17, 2014. During that visit, the treating physician documents range of motion of the right need to be between 0-110. There is no mention in the available documentation to suggest ongoing need for cold therapy or mechanical assistance to achieve greater ranges of motion for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM x60 days rental: 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 and leg section>, continuous passive motion topic.

Decision rationale: Per the above guidelines, continuous passive motion should be implemented during the first rehabilitation phase after surgery although there is substantial debate about the duration of each session and duration of therapy. The criteria for home use are for up to 17 days after surgery while patients are at risk of a stiff knee and/or are immobile or unable to bear weight. In this instance, the injured worker has been postoperative for over one year. She is not known to be poorly mobile. Therefore, continuous passive motion (CPM) at this stage is not medically necessary.

Thermacure 2x60 days rental: 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 and Leg section>, <continuous-flow cryotherapy topic.

Decision rationale: Continuous flow cryotherapy is recommended as an option after knee surgery but generally for up to seven days, including home use. The available scientific literature is insufficient to document the continuous flow cooling systems is associated with any benefit beyond convenience and patient compliance in an outpatient setting versus ice packs alone. The usage of Thermacure is therefore not medically necessary.