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| Case Number: | CM14-0073771 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 11/23/2004 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 04/25/2014 |
| Priority: | Standard | Application Received: | 05/21/2014 |

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 64-year-old male with a date of injury of 11/23/2004. The listed diagnosis per [REDACTED] is end-stage bilateral knee osteoarthritis. According to progress report 02/25/2014 by [REDACTED], the patient presents with chronic bilateral knee pain. The treating physician reports the patient has received a number of injections over the years, and "[REDACTED] also performed bilateral knee surgery at one point." The treating physician states the patient is here for total knee replacement consultation. Examination revealed catching/locking and the patient limps some days worse than others. Bilateral knee range of motion is 0 to 100 degrees with pain through arc of motion. There is tenderness to palpation over the medial and lateral joint lines bilaterally. There is positive patellofemoral crepitus bilaterally. There is positive bony deformity noted. X-rays of the bilateral knee were taken, which revealed joint space narrowing, subchondral sclerosis, osteophyte formation of all three compartments of the bilateral knees. Treating physician states bilateral total knee arthroplasty with computer navigation will be requested. This is a review for CMP rental x30 days, ThermaCare 2 x30 days, and Thermopad for purchase. Utilization review partially certified the request on 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP rental x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation use of CPM for knee condition.

Decision rationale: Review of the medical file indicates the patient underwent a bilateral total knee replacement on 04/14/2014. The treating physician is requesting CMP rental for 30 days for postoperative use. Utilization review modified the certification from the requested 30 days to 21 days rental. The MTUS and ACOEM guidelines do not discuss continuous passive motion devices. Therefore, ODG guidelines were consulted. ODG under its knee and leg chapter has the following regarding continuous passive motion devices, "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 PT 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." ODG further states the criteria for home use is "up to 17 days after surgery while patients at risk for a stiff knee are immobile or unable to bear weight." In this case, ODG guidelines have specific timeframes for post operative use for "up to 17days after surgery." The requested 30 days is not medically necessary.

Therma cure 2 x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp.Cold/heat packs.Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee chapter.

Decision rationale: Review of the medical file indicates the patient underwent a bilateral total knee replacement on 04/14/2014. The treating physician is requesting Therma Care Heat patches #60. ODG has the following under its knee chapter regarding cold/heat packs, "Recommended. Ice massage compared to control had a statistically beneficial effect on ROM, function and knee strength. Cold packs decreased swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. Ice packs did not affect pain significantly compared to control in patients with knee osteoarthritis." In this case, ODG does not support hot packs for the knee and states hot packs showed no beneficial effect. The request is not medically necessary.

Therma Pad purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Morkers' Comp-cold/heat packs.Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee chapter.

Decision rationale: Review of the medical file indicates the patient underwent a bilateral total knee replacement on 04/14/2014. The treating physician is requesting Therma Care Heat patches #60. ODG has the following under its knee chapter regarding cold/heat packs, "Recommended. Ice massage compared to control had a statistically beneficial effect on ROM, function and knee strength. Cold packs decreased swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. Ice packs did not affect pain significantly compared to control in patients with knee osteoarthritis." In this case, ODG does not support hot packs for the knee and states hot packs showed no beneficial effect. The request is not medically necessary.