

Case Number:	CM14-0087571		
Date Assigned:	07/23/2014	Date of Injury:	11/19/2013
Decision Date:	08/27/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 49-year-old female who reported an injury on 11/19/2013; the mechanism of injury was described as the patient stepping and feeling a pop and buckling in her right knee. On 03/27/2014, it was noted that the patient underwent a surgical procedure with the procedure being listed as right knee arthroscopy with a partial meniscectomy and a resection of a meniscal tear. The clinical visit on 04/04/2014 noted that the patient had mild right knee effusion with tenderness to palpation present over the medial and lateral joint lines with the surgical wounds described as clean and dry without any signs of erythema, drainage, or infection. The range of motion was listed as flexion 70 degrees and extension 0 degrees with sensation intact. The treatment plan did not indicate the utilization of a continuous passive motion machine or a cold therapy unit for purchase. It was noted in the physical therapy initial examination on 04/09/2014 that the patient stated that the right knee pain was rated 4/10. Muscle atrophy was measured in the quadriceps and the calves and showed no significant differentiation in the diameters. Range of motion in the right knee was listed at flexion 92 degrees and extension -8 degrees. Motor strength testing showed diminished results. Medications and diagnostic studies were not provided within the submitted medical records. Other therapies were noted to include physical therapy. The Request for Authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro cold therapy unit for purchase for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, 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 (Acute & Chronic), Continuous-flow cryotherapy.

Decision rationale: The request for retro cold therapy unit for purchase for the right knee is not medically necessary. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery, but for nonsurgical treatments. Postoperative use generally may be up to 7 days including home use. The purchase of a cold therapy unit is contraindicated by the guidelines as it is only indicated for postoperative use for up to 7 days with no other rationale provided within the submitted documentation that would provide extenuating circumstances for the purchase of a cold therapy unit. Without further documentation to show extenuating circumstances that Postoperative use of a cold therapy unit would be warranted and the medical necessity explained the request at this time cannot be supported by the guidelines. As such, the request is not medically necessary.

Knee continuous passive motion (CPM) for twenty-one (21) days for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Continuous passive motion (CPM).

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 (Acute & Chronic), Continuous passive motion (CPM).

Decision rationale: The request is for the knee continuous passive motion (CPM) for twenty-one (21) days for the right knee. The Official Disability Guidelines recommend continuous passive motion for interhospital use for home use in patients at risk for stiff knee, based on demonstrated compliance and measured improvements when the beneficial effects over regular PT would be small. Routine home use of CPM has minimal benefit. The criteria set forth by the guidelines include for home use up to 17 days after surgery while patients are at risk for stiff knee or are unable to bear weight. In the acute hospital setting, post-operative use may be considered medically necessary for 4 to 10 consecutive days and no more than 21 for the following surgical procedures; total knee arthroplasty; anterior cruciate ligament reconstruction; open reduction internal fixation of tibial plateau or distal femur fractures involving the knee joint. Within the request, it is not distinguished that this is a retrospective for post-operative use and is not provided in the rationale or Request for Authorization. Currently there are no indicated requests for physical therapy and the patient is beyond the 21 day post-operative phase. Also there is no documentation of physical therapy following the surgeries that the patient had a continued benefit of using the continuous passive motion machines. Furthermore, the patient did not have a diagnosis or show rationale of being at risk for stiff knees. Moreover, there is no documentation to show that the patient's weight bearing status was documented. Without further documentation in medical records to address the aforementioned deficiencies outlined by the

review, the request at this time cannot be supported by the guidelines. As such, the request is not medically necessary.