

Case Number:	CM13-0054762		
Date Assigned:	06/09/2014	Date of Injury:	01/13/2003
Decision Date:	04/24/2015	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 67-year-old female who reported an injury on 01/13/2013. The injured worker reportedly suffered an injury while slipping down approximately 10 to 20 stairs. The current diagnoses include right knee sprain with traumatic arthritis, lumbar discopathy, status post cervical fusion at C4-C7, torn rotator cuff in the right shoulder, status post left shoulder subacromial decompression, bilateral carpal tunnel syndrome, hypertension, and hypothyroidism. The injured worker presented on 10/29/2013 for a consultation regarding bilateral knee pain, low back pain, bilateral shoulder pain, and neck pain. It was noted that the injured worker was utilizing Vicodin and ketoprofen on an as needed basis for pain. Upon examination of the right knee, there was a limping gait, moderate effusion, moderate medial and lateral joint line tenderness, moderate patellofemoral crepitus, full extension, flexion to 90 degrees, negative instability, negative anterior drawer testing, intact sensation, and slight weakness to resistance with plantar and dorsiflexion. The provider indicated that the injured worker had traumatic arthritis of the right knee with a right knee sprain. An MRI of the right knee obtained several years prior reflected moderate effusion with tricompartmental degenerative changes. The injured worker has failed to improve with conservative treatment, including therapy, medication, bracing, and a cortisone injection. The injured worker also underwent a right knee arthroscopy on an unknown date, with remaining symptoms. Recommendations at that time included a right total knee arthroplasty. A Request for Authorization form was then submitted on 11/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Machine (6-week rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter, Continuous Passive Motion (CPM) 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 recommend continuous passive motion in the acute hospital setting for 4 to 10 days, with a maximum of 21 days following a total knee arthroplasty. Home use includes 17 days following surgery for patients who are at risk of a stiff knee and are immobile or unable to bear weight. In this case, there was no indication that this patient would be immobile or unable to bear weight following surgery. The request for a 6-week rental would also exceed guideline recommendations. Therefore, the request is not medically appropriate.

ThermaCooler (6-week rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter, 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 California MTUS Guidelines state continuous flow cryotherapy is recommended for up to 7 days following surgery. The guidelines recommendation a rental over a purchase. The current request for a 6-week rental exceeds guideline recommendations. Therefore, the request is not medically appropriate.

Raised Toilet Seat (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Durable Medical Equipment.

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, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Devices such as raised toilet seats may be medically necessary when prescribed as part of a medical treatment plan for an injury, infection, or a condition that results in physical limitations. It was noted that the injured worker has received authorization for a right total knee replacement. However, there was no indication that this injured worker would be bed bound or immobile following the procedure. The medical necessity for a raised toilet seat has not been established in this case. Therefore, the request is not medically appropriate.

Hospital Stay (4-days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hospital Length of Stay (LOS) Guidelines, Knee Replacement.

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, Hospital Length of Stay.

Decision rationale: The Official Disability Guidelines state the median length of stay following a total knee replacement includes 3 days. The request for a 4-day hospital stay would exceed guideline recommendations. There were no exceptional factors noted. Given the above, the request is not medically appropriate.