

Case Number:	CM14-0135577		
Date Assigned:	09/08/2014	Date of Injury:	03/25/2008
Decision Date:	01/05/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/22/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 66 year old male injured on 3/25/2008. He was treated for bilateral knee pain with arthroscopies, viscosupplementation and medication. His osteoarthritis progressively worsened. He failed conservative treatment and underwent a right total knee arthroplasty on 4/13/2013. He had 12 sessions of physical therapy post-operatively and did well. He underwent a left total knee arthroplasty on 5/5/2014. He had 3 in-home physical therapy visits. He used a continuous passive motion machine. His range of motion 2 weeks post-surgery was 5-85 degrees.. There was 2+ swelling in the knee and some ankle swelling. He was using the CPM machine. The last note is dated 3 months post-surgery on August 12, 2014. There was mild discomfort in the knee, worse at night. No pain with weight bearing. Range of motion was 0-120 degrees. The incision was healed. There was slight swelling. The calf was non-tender. There were good pedal pulsations. The disputed issues pertain to the duration of CPM rental, Thermacure rental, purchase of a front wheeled walker and a 3:1 commode.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM x 30 days rental with pads: 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 (updated 6/5/14)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) Section: Knee, Topic: Continuous Passive Motion.

Decision rationale: The California MTUS does not address continuous passive motion after a total knee arthroplasty. The ODG guidelines recommend use of CPM for home use up to 17 days after a total knee arthroplasty. The 30 day rental is not supported by guidelines and was not medically necessary.

Thermacure 2x30 days rental with pads: 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 (updated 6/5/14) Heat/Official Disability Guidelines, Knee & Leg (updated 6/5/14) Cold/Heat packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Continuous Flow Cryotherapy

Decision rationale: The California MTUS does not address this issue. The ODG guidelines recommend use of continuous flow cryotherapy as an option for 7 days after a total knee arthroplasty. It reduces swelling, inflammation, and pain and cuts down the need for narcotics. Pressure cryotherapy is not recommended. Thus the thermacure rental 2 x 30 days with pads was not medically necessary.

Front wheel walker 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, Knee & Leg (updated 6/5/14) Walking aids (canes, crutches, braces, orthoses, & walkers)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Walking aids.

Decision rationale: The California MTUS does not address this issue. ODG guidelines recommend walking aids. Front wheeled walkers are indicated in the presence of bilateral disease. The records indicate that the right total knee arthroplasty was functioning well and the walking aid was needed for the recent left total knee arthroplasty. The injured worker had a standard walker which would have been sufficient for this purpose. The purchase of a front wheeled walker was therefore not medically necessary per guidelines.

Commode 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, Knee & Leg (updated 6/5/14)Durable Medical Equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Durable Medical Equipment

Decision rationale: The California MTUS does not address this issue. The ODG guidelines indicate most bathroom and toilet supplies do not serve a medical purpose and are used primarily for convenience at home. Therefore the use of durable medical equipment 3:1 commode was not medically necessary.