

Case Number:	CM14-0147821		
Date Assigned:	09/15/2014	Date of Injury:	06/05/2009
Decision Date:	01/07/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/11/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 60 year old male with an injury date on 06/05/2009. Based on the 07/08/2014 progress report provided by the treating physician, the patient presents with left knee pain that is "overall progressed well since surgery." "Pain level today is rated a 2/5 in severity." The patient is "6 weeks status post left total knee arthroplasty with computer navigation." "The patient "has been taking postoperative pain medications and doing outpatient physical therapy that he feels had helped improve his range of motion and strength." "Exam of the left knee indicates range of motion is 1-110 degrees with no instability. Motor strength id a 4/5 in knee flexor and knee extensor. X-ray of the left knee (4 views) was taken today show "stable left total knee arthroplasty." The 06/04/2014 report indicates "pain is a 3/5 in severity" and patient is "overall progressed well since surgery." The patient's diagnoses were not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 08/19/2014. The requesting physician provided treatment reports from 12/26/2014 to 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Exercise Device Rental 30 days: 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 chapter: CPM for knee condition

Decision rationale: According to the 07/08/2014 report, this patient presents with "overall progressed well since surgery." The current request is for DME CPM Exercise Device Rental 30 days but the treating physician's report and request for authorization containing the request is not included in the file. Regarding continuous passive motion, MTUS and ACOEM Guidelines do not address CPM; so ODG Guideline was referenced. ODG states "Postoperative use may be considered medically necessary in the acute hospital setting, for 4-10 consecutive days (no more than 21)" for total knee arthroplasty, anterior cruciate ligament reconstruction, and open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. In this case, the patient is "6 weeks status post left total knee arthroplasty; "ODG guidelines do not support the use of CPM more than 21 days post-operative. Therefore, this request is not medically necessary.

Thermacure Hot/Cold Therapy Rental 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 Guideline (ODG) Treatment Workers Compensation (TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Heat therapy

Decision rationale: According to the 07/08/2014 report, this patient presents with "overall progressed well since surgery." The current request is for Thermacure Hot/Cold Therapy Rental 30 days but the treating physician's report and request for authorization containing the request is not included in the file. Regarding Thermacure Hot/Cold Therapy, ODG guidelines state "Recommended. Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control." In this case, the treating physician failed to document that the patient has an acute injury. ODG support the use of heat therapy for an acute injury; therefore, this request is not medically necessary.

Knee CPM Soft Goods; each purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC) Passive Motion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Heat therapy

Decision rationale: According to the 07/08/2014 report, this patient presents with "overall progressed well since surgery. "The current request is for Thermacure Hot/Cold Therapy Rental 30 days but the treating physician's report and request for authorization containing the request is not included in the file. Regarding Thermacure Hot/Cold Therapy, ODG guidelines state "Recommended. Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control." In this case, the treating physician failed to document that the patient has an acute injury. ODG support the use of heat therapy for an acute injury; therefore, this request is not medically necessary.

Bedside 3 n 1 Steel Commode Valid 300lbs Purchase: 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 /leg chapter under walking aides

Decision rationale: According to the 07/08/2014 report, this patient presents with "overall progressed well since surgery. "The current request is for a walker, folding wheeled, ADJ/FXD Ht, EA Purchase but the treating physician's report and request for authorization containing the request is not included in the file. Regarding walking aide, OGD guidelines state "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid." Per UR denial letter, "the claimant was approved for a front wheel walker purchase for post-operative use on 06/20/2014." In this case, the treating physician failed discusses why the patient needs another walker. Therefore, this request is not medically necessary.

Purchase of a folding wheeled walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure Summary

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 under walking aides

Decision rationale: According to the 07/08/2014 report, this patient presents with "overall progressed well since surgery." The current request is for a walker, folding wheeled, ADJ/FXD Ht, EA Purchase but the treating physician's report and request for authorization containing the request is not included in the file. Regarding walking aide, OGD guidelines state "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid."

Per UR denial letter, "the claimant was approved for a front wheel walker purchase for post-operative use on 06/20/2014." In this case, the treating physician failed discusses why the patient needs another walker. Therefore, this request is not medically necessary.

Purchase of thermacure hot/cold pads: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Lumbar & Thoracic (Acute & Chronic) Chapter, Heat therapy.

Decision rationale: Regarding Thermacure Hot/Cold pad, ODG guidelines state "Recommended. Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control." Heat therapy has been found to be helpful for pain reduction and return to normal function." In this case, the treating physician has recommended a Thermacure home heating pad and ODG recommends this as an option. Therefore, this request is medically necessary.