

Case Number:	CM14-0177758		
Date Assigned:	10/31/2014	Date of Injury:	02/11/2003
Decision Date:	12/03/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/28/2014

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. 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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 61 year old female who sustained an industrial injury on 02-11-2003. Medical records indicated the worker was treated for bilateral degenerative joint disease of the knees. Treatment has included a right total knee arthroplasty in 2012. Currently, she complains of left knee pain most severe at the medial joint line on the left side. She uses a cane full time and has been treated with anti-inflammatories and activity modification. The worker was seen for evaluation on 09-16-2015 for pain in the left knee and evaluation of the right knee. The right knee showed range of motion from -5 to 100 degrees of flexion with balanced flexion-extension gaps. There is a healed incision from a prior arthroplasty. The left knee showed varus deformity with marked crepitation in the medial compartment. She had valgus pseudo laxity. Collateral stability was intact. Sagittal stability was intact. Range of motion was -5 to 105 degrees flexion, limited by pain. The left knee x-ray showed progression of degenerative changes with complete joint space obliteration of the medial compartment with subchondral sclerosis as well as osteophytes at the medial joint line. There was also moderate change in the patellofemoral joint. On 09-22-2014, the provider requested authorization for a left total knee arthroplasty and associated surgical services. A request for authorization was submitted for 1 Cold therapy unit for hospital and home use, 30 day rental or purchase, and a Front wheeled walker for purchase. A utilization review decision 10-01-2014 authorized the Front wheeled walker for purchase, and modified the request for the cold therapy unit for hospital and home use to one week rental of home therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cold therapy unit for hospital and home use, 30 day rental or purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cryotherapy.

Decision rationale: Guidelines limit the use of cryotherapy post surgery to a 7 day period, as efficacy has not been proven. In this case, the patient is to have a knee arthroplasty. The request for 30 day cryotherapy unit purchase or rental exceeds guideline recommendations and is not medically necessary and appropriate.