

Case Number:	CM14-0181094		
Date Assigned:	11/05/2014	Date of Injury:	06/17/2012
Decision Date:	01/02/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational Medicine 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:

This case is a 57 year old male with a date of injury on 6/17/2012. A review of the medical records indicates that the patient has been undergoing treatment for internal derangement of knee, joint derangement of shoulder. Subjective complaints (6/24/2014) include right knee pain, physical therapy notes dated 8/27/2014 include has been doing one exercise a day and is 'ready for PT'. Objective findings (6/24/2014) include swollen knee, with clicks/pops and unstable, physical therapy notes dated 8/27/2014 include difficulty with right sided weight bearing. Treatment has included right total knee arthroplasty (8/2014), physical therapy. A utilization review dated 9/20/2014 non-certified a request for Thermacure-Contrast compression therapy (thirty day extension) and Continuous passive motion (CPM) therapy (thirty day extension).

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure-Contrast compression therapy (thirty day extension): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): tables 13-3 and 13-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS does not specifically address cold therapy packs, therefore the Official Disability Guidelines (ODG) were referenced. ODG states that "postoperative use of continuous-flow cryotherapy units generally may be up to 7 days, including home use." There is no evidence in the guidelines for use after the initial 7 days. ODG states, "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated." The employee is beyond the 7 day window after her surgery. Treating physician does not document reasons to deviate from the guidelines or detail other extenuating circumstances. As such, the request for Thermacure-Contrast compression therapy (thirty day extension) is not medically necessary.

Continuous passive motion (CPM) therapy (thirty day extension): 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)

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

Decision rationale: MTUS is silent with regards to a Continuous Passive Motion (CPM) unit. ODG states, "Recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. Routine home use of CPM has minimal benefit." ODG further quantifies, "Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary), (2) Anterior cruciate ligament reconstruction (if inpatient care) (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint (BlueCross BlueShield, 2005). For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. Medical records indicate that the patient is in excess of the acute hospital setting. The request for 30 days is in excess of the 21 day limit placed for acute hospital setting and 17 day at home setting. The treatment notes do not specify extenuating circumstances why regular physical therapy cannot be initiated or why an exception to guidelines should be granted. As such, the request for Continuous passive motion (CPM) therapy (thirty day extension) is not medically necessary.

