

Case Number:	CM14-0193810		
Date Assigned:	12/01/2014	Date of Injury:	06/05/2008
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/19/2014

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 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:

According to the records made available for review, this is a 55-year-old female with a 6/5/08 date of injury, and right total knee replacement with computer navigation on 10/27/14. At the time (10/27/14) of request for authorization for Associated Surgical Services: Thermanure 30 day rental, Associated Surgical Services: Thermanure pad, purchase, and Associated Surgical Services: CPM, 30 day rental, there is documentation of subjective (right knee pain) and objective (right knee is in continuous passive motion) findings, current diagnoses (right knee osteoarthritis), and treatment to date (medications). There is no documentation that the patient is at a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Thermanure 30 day rental: 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 Chapter

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, Cold compression therapy; Venous thrombosis; Continuous-flow cryotherapy

Decision rationale: MTUS does not address this issue. ODG identifies that cold compression therapy is recommended as an option after surgery, but not for nonsurgical treatment. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of mechanical compression therapy. Furthermore, ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of a diagnosis of right knee osteoarthritis. In addition, there is documentation that the patient is status post right knee arthroplasty on 10/27/14. However, there is no documentation that the patient is at a high risk of developing venous thrombosis. In addition, the requested TheraMacure 30 day rental exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Associated Surgical Services: TheraMacure 30 day rental is not medically necessary.

Associated Surgical Services: TheraMacure pad, 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 (ODG) Knee and Leg Chapter

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, Cold compression therapy; Venous thrombosis; Continuous-flow cryotherapy

Decision rationale: MTUS does not address this issue. ODG identifies that cold compression therapy is recommended as an option after surgery, but not for nonsurgical treatment. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of mechanical compression therapy. Furthermore, ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of a diagnosis of right knee osteoarthritis. In addition, there is documentation that the patient is status post right knee arthroplasty on 10/27/14. However, there is no documentation that the patient is at a high risk of developing venous thrombosis. . In addition, the associated request for TheraMacure 30 day rental exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Associated Surgical Services: TheraMacure pad, purchase is not medically necessary.

Associated Surgical Services: CPM, 30 day rental: 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 does not address this issue. ODG identifies documentation of any of the following surgeries [total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint], as criteria necessary to support the medical necessity of a continuous passive motion unit for up to 21 consecutive days. Within the medical information available for review, there is documentation of a diagnosis of right knee osteoarthritis. In addition, there is documentation that the patient is status post right knee arthroplasty on 10/27/14. However, the proposed duration of the requested CPM exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Associated Surgical Services: CPM, 30 day rental is not medically necessary.