

Case Number:	CM14-0194222		
Date Assigned:	12/02/2014	Date of Injury:	11/06/2009
Decision Date:	03/12/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/20/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68-year-old male who reported an injury on 11/06/2009 due to cumulative trauma. On 08/11/2014, the injured worker presented with complaints of pain that is frequent to moderate to the right knee described as achy, dull, and localized with locking, clicking, and giveaway. Current medications included tramadol, Norco, nabumetone, and Prilosec, surgical history included a right shoulder arthroplasty and left total knee arthroplasty. Upon examination, the injured worker ambulated with a guarded gait. Moderate to mild tenderness to palpation over the medial joint line and lateral joint line on the right knee was noted. The diagnoses were right knee internal derangement, right foot peroneal tenosynovitis, and left knee total arthroplasty with bone spur. The treatment plan included a CPM machine, crutches, and cold therapy unit for the bilateral knees. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (continuous passive motion) unit for the bilateral knees: 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), Continuous passive motion (CPM) criteria for the use of continuous passive motion devices.

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, Continuous passive motion (CPM).

Decision rationale: The request for a CPM (continuous passive motion) unit for the bilateral knees is not medically necessary. The Official Disability Guidelines state that a criteria for use of a continuous passive motion device include postoperative use over a total knee arthroplasty of 4 to 10 days consecutive days, and no longer than 21 days. The injured worker was recommended for surgical intervention on the 08/11/2014 note. An updated clinical note was not submitted for review. There is no information on if the injured worker is recommended to proceed with surgery. Additionally, the provider's request does not include a length of time or duration for the recommended CPM unit and if the unit was to be rented or purchased. As such, medical necessity has not been established.

Crutches for the bilateral knees: 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), 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) Knee and Leg, Walking Aids (canes, crutches, braces, orthoses, and walkers).

Decision rationale: The request for crutches for the bilateral knees is not medically necessary. The Official Disability Guidelines state that walking aids such as canes, crutches, braces, orthosis, or walkers are recommended. Disability, pain, and age related impairment seem to determine the need for a walking aid. The injured worker was able to ambulate with a guarded gait and there was no evidence of instability noted on physical exam. As such, medical necessity has not been established.

Cold Therapy Unit for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Knee & Leg, Continuous-flow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Cryotherapy.

Decision rationale: The request for cold therapy unit for the bilateral knees is not medically necessary. The California MTUS/ACOEM Guidelines state that patient's at home applications of

heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The Official Disability Guidelines further state that a cryotherapy unit is indicated for up to 7 days post surgically. This request does not indicate if the cold therapy unit was to be rented or purchased. Additionally, the provider's request does not specify duration of time for the recommended cold therapy unit. As such, medical necessity has not been established.