

Case Number:	CM14-0196024		
Date Assigned:	12/04/2014	Date of Injury:	05/30/2010
Decision Date:	01/27/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/24/2014

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:

This 45 year old male continues to complain of frequent to constant, moderate to severe, left knee pain stemming from a work related injury reported on 5/30/2010. Diagnoses include left knee patellofemoral degenerative joint disease and internal derangement. Treatments have included consultations; diagnostic imaging; injections; Synvisio; left knee arthroscopy with meniscectomy (5/2/2014); and physical therapy (PT) with a home exercise program. The injured worker (IW) is noted to be temporarily totally disabled and working with restrictions. Orthopaedic Progress notes, dated 10/15/2014, show subjective complaints of left anterior patellofemoral knee pain, rated 6/10, discomfort, stiffness and weakness; and a progressive inability to bend or to go up and down steps. Objective findings note that the IW is status-post left knee arthroscopic surgery without improvement; that the IW has failed PT; and that surgery showed a grade 4 chondromalacia of the trochlea patellofemoral joint. Assessment of the left knee noted mild effusion; -5 extension; painful crepitation; positive patella tendon and patella percussion pain with positive patella compression pain; he demonstrates a mild cautious gait with difficulty going up and down steps; and that squatting is very painful. The IW understands the patellofemoral arthroplasty surgery, and its risks, and wants to proceed. Orthopaedic Progress notes, dated 9/10/2014, include that this IW has not only failed simple arthroscopy and PT, but also autologous chondrocyte implantation, osteochondral allograft and femoral trochlear replacement with implant; so various surgical choices were discussed. On 10/24/2014, Utilization Review non-certified, for medical necessity, a request for CPM unit/kit (rental or purchase), 1 x 1; and modified a request for Cryotherapy unit (rental or purchase), to Cryotherapy unit x 7 day rental. Rationale for non-certification on the CPM unit/kit included that equipment is reserved for post-operative rehabilitation in a hospital setting, and for 4-10 consecutive days (no more than 21 days) for total knee arthroplasty (revision and primary)

and that in this case the IW is approved for partial knee arthroplasty of only the patellofemoral joint; therefore does not meet criteria for this request. Rationale provided for modified Cryotherapy included that the IW at-home applications of cold packs may be used before or after exercises and would be as effective as those performed by a therapist and that continuous-flow cryotherapy is recommended for up to 7 days after surgery, and is therefore recommended for partial certification. MTUS, ACOEM and ODG guideline recommendations for knee arthroplasty and indications for surgery were cited used in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryotherapy unit (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines

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 flow cryotherapy

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the request is not medically necessary.

CPM unit/kit (rental or purpose): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Procedure

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, CPM

Decision rationale: CCA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. In this case the request is for an unspecified amount of days. As the guideline criteria have not been met the request is not medically necessary.