

Case Number:	CM14-0209991		
Date Assigned:	12/23/2014	Date of Injury:	06/18/2012
Decision Date:	02/25/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/15/2014

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: Orthopedic Surgery, Sports 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 71-year-old female who reported an injury on 06/18/2012. The mechanism of injury reportedly occurred when the injured worker's foot slipped in water and she felt a pop in her knee. Her diagnoses were noted to include right knee tricompartmental osteoarthritis. Her past treatments were noted to include multiple corticosteroid injections, postoperative physical therapy, diagnostic right knee arthroscopy performed on 02/30/2014, extensor synovectomy, partial meniscectomy and chondroplasty, right knee arthroscopy performed on 06/12/2013. Her surgical history was noted to include a right knee arthroscopy, extensor synovectomy, partial meniscectomy and chondroplasty performed on 02/30/2014; right knee arthroscopy performed on 06/12/2013. Per clinical note dated 12/04/2014, it was noted that the injured worker was 0 days status post right total knee arthroplasty. Postoperatively her pain was 9/10 to 10/10, described as intermittent and sharp; duration 2 years, better with Norco and worse with walking. Upon physical examination, the injured worker was in postanesthesia recovery unit, lying in bed. The injured worker was able to move all 4 extremities grossly. The injured worker did not have a spinal. The injured worker had a dressing that was dry, clean and intact on the right knee. Her current medications were noted to include Norco and temazepam. The treatment plan consisted of cold therapy unit, purchase of crutches, purchase of walker and purchase of a cane. The rationale for the request and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit: 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)

Decision rationale: The request for cold therapy unit is not medically necessary. The Official Disability Guidelines state cryotherapy is recommended up to 7 days postoperatively. Cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic usage. However, within the documentation provide for review, there was no evidence of the length of time the cryotherapy unit was requested. Therefore, the request for cold therapy unit is not medically necessary.

Purchase of crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) walking aids, walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The request for the purchase of crutches is not medically necessary. The Official Disability Guidelines recommend walking aids for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. Based on the documentation provided for review and the recent surgical procedure, the medical necessity for walking aids has been established. However, within the documentation provided for review, there is a lack of documentation to indicate the injured worker's concurrent authorization of 3 walking aids. Additionally, within the documentation provided for review, there was a lack of documentation regarding the injured worker's progress and functional status post-surgically. Therefore, the request for purchase of crutches is not medically necessary.

Purchase of a walker: 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) walking aids, walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The request for the purchase of a walker is not medically necessary. The Official Disability Guidelines recommend walking aids for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. Based on the documentation provided for review and the recent surgical procedure, the medical necessity for walking aids has been established. However, within the documentation provided for review, there is a lack of documentation to indicate the injured worker's concurrent authorization of 3 walking aids. Additionally, within the documentation provided for review, there was a lack of documentation regarding the injured worker's progress and functional status post-surgically. Therefore, the request for purchase of a walker is not medically necessary.

Purchase of a cane: 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) walking aids, walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The request for the purchase of a cane is not medically necessary. The Official Disability Guidelines recommend walking aids for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. Based on the documentation provided for review and the recent surgical procedure, the medical necessity for walking aids has been established. However, within the documentation provided for review, there is a lack of documentation to indicate the injured worker's concurrent authorization of 3 walking aids. Additionally, within the documentation provided for review, there was a lack of documentation regarding the injured worker's progress and functional status post-surgically. Therefore, the request for purchase of a cane is not medically necessary.