

Case Number:	CM15-0101814		
Date Assigned:	06/04/2015	Date of Injury:	03/05/2014
Decision Date:	09/30/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 53-year-old male who sustained an industrial injury on 3/5/14. The mechanism of injury was not documented. Past surgical history was positive for multiple left knee surgeries leading to total knee replacement. The 1/13/15 right knee MRI impression documented a medial meniscus tear, and mild semi-membranous tendinosis and low grade interstitial partial thickness tearing distal 3 cm. There was chondral loss with grade 3 chondral fissuring/chondromalacia over the patellar lateral facet with subchondral cystic change. There was patellar medial facet and central trochlear grade 2 chondral fissuring. There was a medial mild inner aspect grade 3 chondral defect and a small popliteal cyst. The 4/27/15 treating physician report cited daily right knee pain in the front and under the kneecap, worsened with activity. He reported knee swelling and feeling hot at least once a week. Right knee exam documented tenderness under the kneecap, no laxity, normal range of motion, no swelling, and no increased temperature. There was limp noted to the right. The diagnosis included right knee pain with internal derangement. Right knee arthroscopy was noted as pending. The 5/4/15 orthopedic report cited on-going right knee pain. Conservative treatment had included physical therapy and Voltaren gel. Progress report documented knee effusion, range of motion 0-135 degrees, medial and patellofemoral compartment tenderness, and positive McMurray's. The treatment plan included right knee arthroscopic partial meniscectomy and chondral shaving. Authorization was requested for post-operative continuous passive motion machine (CPM) rental for 3 weeks, and post-op cold therapy unit rental for 2 months. The 5/16/15 utilization review non-certified the request for post-op CPM rental for 3 weeks as guidelines do not support the use of CPM following arthroscopy. The request for post-op cold therapy unit rental for 2 months was non-certified as use of a cold therapy unit was only recommended for one week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Continuous Passive Motion Machine for 3 Week Rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 California MTUS does not provide recommendations for this device following knee arthroscopy. The Official Disability Guidelines recommend the use of continuous passive motion (CPM) devices in the home for up to 17 days for patients who have undergone primary or revision total knee arthroplasty. There is no guideline support for the routine or prophylactic use of a CPM unit following knee arthroscopy. Pre-operatively, the patient was reported with full range of motion. There is no compelling reason to support the medical necessity of CPM for this patient. Therefore, this request for CPM (continuous passive motion) is not medically necessary.

Post-Op Cold Therapy Unit 2 Month Rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. There is no compelling rationale submitted to support the medical necessity of the 2-month rental of a cold therapy unit. This request markedly exceeds guideline recommendations with no exceptional factors documented. Therefore, this request is not medically necessary.