

Case Number:	CM15-0016504		
Date Assigned:	02/03/2015	Date of Injury:	02/01/2012
Decision Date:	04/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/27/2015

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: Minnesota, Florida
 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:

The injured worker is a 50 year old male who sustained an industrial injury on 2/1/12. The injured worker reported symptoms in the bilateral knees. The diagnoses included left knee osteoarthritis status post left total knee arthroplasty on 10/18/13 and right knee osteoarthritis. Treatments to date includes left total knee arthroplasty on 10/18/13, right knee orthovisc injections, right knee kenalog injection on 11/26/14 and oral pain medications. In a progress note dated 1/6/15 the treating provider reports the injured workers "left knee much better than right after left total knee arthroplasty." On 1/23/15 Utilization Review non-certified the request for pre- operative laboratory studies, associated surgical service: 2 month (60 days) rental of cold therapy unit quantity of 60, initial post-operative outpatient physical therapy for right knee quantity of 24, and associated surgical service, bed side commode quantity of 1. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Labs Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Low Back, Topic: Preoperative testing, laboratory.

Decision rationale: ODG guidelines indicate pre-operative laboratory testing should depend upon the presence of co-morbidities. The request as submitted does not specify the tests. As such, the medical necessity of the request cannot be established.

Associated surgical service: 2 month (60 days) rental of cold therapy unit Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & leg, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Knee, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous flow cryotherapy for postoperative use after a total knee arthroplasty. The recommended use is for 7 days. It reduces pain, decreases swelling and inflammation, and reduces the need for narcotics after surgery. Use beyond 7 days is not recommended. As such, the request for 60 day rental is not supported and the medical necessity of the request is not established.

Initial post-op outpatient physical therapy, for right knee Qty24: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 24 visits over 10 weeks for a total knee arthroplasty. The guidelines specify an initial course of therapy consisting of 12 visits. Then with documentation of continuing objective functional improvement, a subsequent course of therapy of 12 visits may be prescribed. The request as written is for 24 visits which exceeds the guidelines and as such, the medical necessity of the request is not established.

Associated surgical service: bed side commode Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Knee, Topic: Durable Medical Equipment.

Decision rationale: The ODG guidelines indicate most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Certain DME toilet items are medically necessary if patient is bed or room confined. There is no indication that the injured worker will be room confined after the surgical procedure. As such, the request for DME bedside commode is not supported and the medical necessity is not established.