MAXIMUS Federal Services

Case Number:	CM15-0140692		
Date Assigned:	07/30/2015	Date of Injury:	10/01/2011
Decision Date:	09/15/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old male, who sustained an industrial injury on 10/1/11. The injured worker was diagnosed as having mild bilateral knee osteoarthritis, status post previous right knee arthroscopy, and status post left knee arthroscopy. Treatment to date has included right knee arthroscopy with partial medial and lateral meniscectomy, synovectomy of the medial and lateral compartments, and chondroplasty on 1/6/15. Other treatments included physical therapy, home exercise, medication and left knee arthroscopy with partial medial and lateral meniscectomy and bicompartmental synovectomy on 6/2/15. Physical examination findings on 7/8/15 included a significant limp and mild inflammation of the left knee joint. Left knee flexion was 90 degrees and left knee extension was -15 degrees. Currently, the injured worker complains of bilateral knee pain, difficulty walking, and a significant limp. The treating physician requested authorization for a cane, a Thermacure 30 day rental, a walker, and durable medical equipment set up.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cane: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Walking aids.

Decision rationale: With regard to the request for a cane, the CA MTUS does not address this issue. The ODG states, "Contra lateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation that may exacerbate pain and deformity. (Chan, 2005)" The ODG further stipulates that " Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA."In the case of this injured worker, there is a recent history of left knee arthroscopy. The reason for denial of the cane by the UR determination was that a seated walker had been approved on 3/20/2015. However, it should be noted that patients often can utilize a variety of walking devices as they progress through rehabilitation. It is also common for certain walking aids to be utilized in certain settings (ie, household) versus others (ie, public). The requesting provider has made a reasonable request, and the progress note from July 2015 indicates the patient still has difficult with gait despite post-op rehabilitation. This request is medically necessary.

One (1) Thermacure 30-day rental: 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) Knee Chapter, Continuous-flow cryotherapy.

Decision rationale: Regarding the request for Thermacure for 30-day rental, the California MTUS does not address the issue. The Thermacure is a "Contrast Compression Therapy" unit, which provides sustained cold, heat, compression therapy to reduce pain, swelling and inflammation. The ODG supports the use of continuous-flow cryotherapy for up to 7 days after knee surgery.Within the documentation available for review, the request in this case is for cryotherapy in the post-operative period following knee surgery. The Official Disability Guidelines do recommend a cold therapy unit for 7 days of rental, but not as requested number of days of rental as originally requested. Since the IMR process cannot modify original request, the current request is not medically necessary.

One (1) walker: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Walking aids.

Decision rationale: With regard to the request for a walker, the CA MTUS does not address this issue. The ODG state that walkers are appropriate option as a walking aid for patient with knee pathology including OA. The ODG states the following: "Frames or wheeled walkers are preferable for patients with bilateral disease. (Zhang, 2008)"In the case of this injured worker,

there is a recent history of left knee arthroscopy. The patient has a history of pathology in both knees, and has osteoarthritis affect both sides. Furthermore, there is a recent UR determination, which stated that a seated walker had been approved on 3/20/2015. Given this, this request is medically necessary. To clarify, 2 walkers are not necessary, but if the patient has not received the original walker, then it should be provided.

One (1) DME set up: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable medical equipment (DME).

Decision rationale: Regarding the request for DME setup, the CA MTUS does not directly address this issue. The ODG Knee and Leg Chapter does address DME, but does not have any provision for DME set up. Typically, the setup of durable medical equipment can take place directly between the DME company and the worker. The worker can sometimes come into the office for an evaluation to ensure that the appropriate DME is selected and adjusted individually to the patient. However, it is unclear why the setup process is specifically being requested. While some of the DME may be medically appropriate, because it is unclear what is intended by this setup process, this request is not medically necessary.