

Case Number:	CM15-0145389		
Date Assigned:	08/19/2015	Date of Injury:	06/15/2008
Decision Date:	09/18/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, 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 61 year old male who sustained a work related injury June 15, 2008. A primary physician's report, dated April 14, 2015 and revised June 17, 2015, impression was documented as bilateral knee osteoarthritis, end-stage, medial compartments. The plan was to proceed with a right unicompartmental knee arthroplasty. According to a primary treating physician's progress report, dated June 30, 2015, the injured worker presented 6 weeks post-operatively from a total right knee arthroplasty. He rates his pain 3 out of 5 and describes the pain as diffuse and dull. Physical examination revealed; normal gait; mild effusion, anterior incision well healed, negative Homan's sign, range of motion- 0 degrees extension to 120 degrees flexion with no pain and no instability, patellar tracking is normal. X-rays (4 views) right knee showed stable total knee arthroplasty with no loosening, migration, or subsidence. Impression is documented as stable right total knee arthroplasty. At issue, is the retrospective request for Thermacure 30 day rental, Thermacure pad purchase, CPM (continuous passive motion) 30 day rental, CPM pad purchase, and DME (durable medical equipment) set-up purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Thermacure 30 days rental (DOS 6/30/15): 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), Knee Chapter (Online Version): 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 (ODG) Cold/Heat Pack.

Decision rationale: MTUS does not specifically mention a cold therapy unit, but does recommend at-home applications of heat and cold and would support hot and cold packs for acute pain. ODG indicates cold therapy units for certain post-op conditions, but does not recommend equipment to apply cold therapy to the chronic pain patient. The patient is outside of the recommended time frame for usage. According to the clinical documentation provided and current MTUS guidelines; a cold therapy unit and/or supplies is not medically necessary for the patient at this time.

Retrospective Thermacure pad purchase (DOS 6/30/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter (Online Version): 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 (ODG) Cold/Heat Pack.

Decision rationale: MTUS does not specifically mention a cold therapy unit, but does recommend at-home applications of heat and cold and would support hot and cold packs for acute pain. ODG indicates cold therapy units for certain post-op conditions, but does not recommend equipment to apply cold therapy to the chronic pain patient. The patient is outside of the recommended time frame for usage. According to the clinical documentation provided and current MTUS guidelines; a cold therapy unit and/or supplies is not medically necessary for the patient at this time.

Retrospective Continuous passive motion (CPM) 30 days rental (DOS 6/30/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-353, 339. Decision based on Non-MTUS Citation ODG, Knee Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 346- 348, Knee Chapter.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a range of motion machine and supplies. The patient does not appear to have any ROM deficits noted that would warrant the necessity of a Range of Motion Machine or supplies. According to the clinical documentation provided and current MTUS guidelines, a range of motion machine and/or

supplies is not medically necessary for the patient at this time.

Retrospective CPM pad purchase (DOS 6/30/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-353, 339. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 346- 348, Knee Chapter.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a range of motion machine and supplies. The patient does not appear to have any ROM deficits noted that would warrant the necessity of a range of motion machine or supplies. According to the clinical documentation provided and current MTUS guidelines, a range of motion machine and/or supplies is not medically necessary for the patient at this time.

Retrospective DME set-up purchase (DOS 6/30/15): 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) Cold/Heat Pack.

Decision rationale: MTUS does not specifically mention a cold therapy unit, but does recommend at-home applications of heat and cold and would support hot and cold packs for acute pain. ODG indicates cold therapy units for certain post-op conditions, but does not recommend equipment to apply cold therapy to the chronic pain patient. The patient is outside of the recommended time frame for usage. According to the clinical documentation provided and current MTUS guidelines, DME supplies are not medically necessary for the patient at this time.