

Case Number:	CM15-0190256		
Date Assigned:	10/02/2015	Date of Injury:	07/23/2013
Decision Date:	11/10/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

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 61 year old male, who sustained an industrial injury on 7-23-13. He reported right knee pain. The injured worker was diagnosed as having right knee degenerative joint disease. Treatment to date has included right total knee replacement on 8-14-15, physical therapy, occupational therapy, and medication including Cyclobenzaprine, Norco, and Dilaudid. Physical examination findings on 8-27-15 included a right knee healing surgical wound with increased thickening and minimal erythema over the superior aspect at the patellar area of the wound. On 9-1-15, the injured worker complained of right knee pain rated as 6-7 of 10. The treating physician requested authorization for a continuous passive motion machine rental for 21 additional days and a cold therapy unity for 7 days rental. On 9-18-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: CPM machine rental 21 additional days: 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 and Leg, Continuous Passive Motion (CPM).

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 (Acute & Chronic), Continuous passive motion (CPM).

Decision rationale: The claimant sustained a work injury in July 2013 as the result of a fall with injury to the right knee. He underwent a right total knee replacement on 08/14/15. He received SNF level care interrupted from 08/16/15 until readmission on 08/26/15 by treatment for delirium and agitation. When readmitted he was ambulating hundred 50 feet with a rolling walker and minimal assistance. Knee range of motion was from 5 to 85. Being requested is an additional 21 days of CPM machine rental and seven days rental of a cold therapy unit. CPM after knee surgery in the acute hospital setting may be considered medically necessary for 4-10 consecutive days and for no more than 21 days after total knee arthroplasty. For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight can be considered. In this case, the claimant was ambulating greater than household distances with a rolling walker and was able to participate in physical therapy treatments. The total duration requested is in excess of guideline recommendations and is not considered medically necessary.

DME: Cold therapy unit, 7 days 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), Knee and 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 (ODG) (1) Knee & Leg (Acute & Chronic) Continuous-flow cryotherapy (2) Knee & Leg (Acute & Chronic) Game Ready.

Decision rationale: The claimant sustained a work injury in July 2013 as the result of a fall with injury to the right knee. He underwent a right total knee replacement on 08/14/15. He received SNF level care interrupted from 08/16/15 until readmission on 08/26/15 by treatment for delirium and agitation. When readmitted he was ambulating hundred 50 feet with a rolling walker and minimal assistance. Knee range of motion was from 5 to 85. Being requested is an additional 21 days of CPM machine rental and seven days rental of a cold therapy unit. Cold compression/continuous-flow cryotherapy is recommended as an option after knee surgery. Postoperative use generally may be up to 7 days, including home use. In this case, the claimant was ambulating greater than household distances with a rolling walker and was able to participate in physical therapy treatments. The total duration requested is in excess of guideline recommendations and is not considered medically necessary.