

Case Number:	CM15-0205906		
Date Assigned:	10/22/2015	Date of Injury:	08/24/2008
Decision Date:	12/04/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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: Montana, Oregon, Idaho
 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 58 year old, male who sustained a work related injury on 8-24-08. A review of the medical records shows he is being treated for left knee pain. In the Supplemental Report of the Consulting Orthopedist dated 9-23-15, the injured worker reports left knee pain. He describes it as sharp and dull aching with numbness, tingling and swelling. He rates his pain a 6- 8 out of 10. No physical; exam done at this visit 9-23-15. Treatments have included left knee surgery on 8-27-15. Greater than 6 physical therapy sessions to left knee postoperatively and medication; current medications include Hydrocodone. He is not currently working due to recent surgery. The treatment plan includes weight-bearing x-rays of left knee. No notation of requesting the continued use of the continuous passive motion machine or cooling system. In the Utilization Review dated 10-13-15, the requested treatment of a continuous passive motion machine (CPM) 2 week rental extension is modified to a CPM 1 week rental extension. The requested treatment of a cooling system 2 week rental extension is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two week extension of cooling system rental for the left knee: 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 & Leg (Acute & Chronic), Procedure summary, Online Version, (updated 07/10/15), 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) knee and leg.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case injured worker is status post total knee arthroplasty on 8/27/15. There is no documentation to support why the cooling unit would be needed longer than the recommended timeframe, therefore the request is not medically necessary.

Two week extension of CPM rental for the left knee: 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 & Leg (Acute & Chronic) Procedure Summary.

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.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the topic of CPM. The ODG-TWC knee and leg section states that CPM's are recommended as follows: Criteria for the use of continuous passive motion devices: In the acute hospital setting for total knee arthroplasty (revision and primary): postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: In this case the injured worker was initially authorized 14 day rental of a CPM. As this request for a 2 week extension would exceed the maximum amount of time recommended by the guidelines (21 days), the request is not medically necessary.