

Case Number:	CM15-0020120		
Date Assigned:	02/09/2015	Date of Injury:	06/05/2009
Decision Date:	04/07/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/03/2015

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: 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 male injured worker sustained an industrial injury on June 5, 2009. The mechanism of injury is unknown. The diagnoses have included stable left total knee arthroplasty and endstage right knee osteoarthritis. Treatment to date has included diagnostic studies, surgery, medications, rest, ice, heat, physical therapy and injections. Exam note 10/1/14 demonstrates the injured worker complains of associated mild stiffness of the left knee. At time of the exam, he was status post left total knee replacement. His pain level was rated as a 0 on a 1-10 pain scale with sitting but increased to a 2-3/10 with walking. He also complained of right knee pain. It is located diffusely and rated as a 5/5 on the pain scale in severity. Notes stated that he tried and failed all conservative treatments. On January 7, 2015, Utilization Review non-certified Thermacure rental x 30 days, Thermacure pad purchase and commode purchase, noting the ACOEM and Official Disability Guidelines. Utilization Review modified the request for CPM rental x 21 days to 21 days, noting the Official Disability Guidelines. On February 3, 2015, the injured worker submitted an application for Independent Medical Review for review of Thermacure rental x 30 days, Thermacure pad purchase, CPM rental x 30 days and commode purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure rental x 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Knee and Leg Procedure Summary last updated 10/27/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg section, cold/heat packs.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hot/cold therapy. According to ODG, Knee and Leg section, cold/heat packs, hot packs had no beneficial effect on edema compared with placebo or cold application. Therefore the request for Thermacure is not medically necessary and is non-certified.

Thermacure Pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Knee and Leg Procedures Summary last updated 10/27/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg section, cold/heat packs.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hot/cold therapy. According to ODG, Knee and Leg section, cold/heat packs, hot packs had no beneficial effect on edema compared with placebo or cold application. Therefore the request for Thermacure pad is not medically necessary and is non-certified.

CPM rental 30 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) - Treatment in Workers' Compensation (TWC), Knee and Leg Procedures Summary last updated 10/27/2014, 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 Guideline, Knee and Leg, CPM.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG Knee and Leg, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. As the request exceeds the maximum 21 day, the determination is for non-certification.

Commode purchase: 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) - Treatment in Workers' Compensation (TWC), Knee and Leg Procedures Summary, 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, Knee and Leg, DME toilet items.

Decision rationale: CA MTUS/ACOEM is silent on the issue of commode. Per the Official Disability Guidelines, Knee and Leg, DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as a raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case the exam note from 10/1/14 does not demonstrate any functional limitations to warrant a commode postoperatively. Therefore the determination is for non-certification.