

Case Number:	CM15-0029184		
Date Assigned:	02/23/2015	Date of Injury:	08/08/2012
Decision Date:	04/02/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/17/2015

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: Emergency 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 55 year old male injured worker suffered and industrial injury on 8/8/2012. The treating provider reported complaints of pain in the right knee with swelling. On exam there was effusion noted, crepitus, and reduced range of motion tenderness with guarding. A total knee replacement was anticipated. The Utilization Review Determination on 1/19/2015 non-certified: 1. Thermacure rental for 30 days, ODG 2. Purchase of Thermacure pad, ODG 3. CPM rental for 30 days, modified to 21 days, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure rental for 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Continuous Flow Cryotherapy.

Decision rationale: The requested Thermacure rental for 30 days is not medically necessary. CA MTUS is silent on this issue and ODG, Knee, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold Therapy. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker has pain in the right knee with swelling. On exam there was effusion noted, crepitus, and reduced range of motion tenderness with guarding. A total knee replacement was anticipated. The treating physician has not documented the medical necessity for cold therapy beyond the guideline recommended 7 days post-op period. The criteria noted above not having been met, Thermacure rental for 30 days is not medically necessary.

Purchase of Thermaxure pad: 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, Knee, Continuous Flow Cryotherapy.

Decision rationale: The requested Purchase of Thermacure pad, is not medically necessary. CA MTUS is silent on this issue and ODG, Knee, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold therapy. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker has pain in the right knee with swelling. On exam there was effusion noted, crepitus, and reduced range of motion tenderness with guarding. A total knee replacement was anticipated. The treating physician has not documented the medical necessity for cold therapy beyond the guideline recommended 7 days post-op period. The criteria noted above not having been met, Purchase of Thermacure pad is not medically necessary.

CPM rental for 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).

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, Continuous Passive Motion.

Decision rationale: The requested CPM rental for 30 days, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) does not address this request. Official Disability Guidelines (ODG), Knee & Leg chapter, state: "Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21)." The injured worker has pain in the right knee with swelling. On exam there was effusion noted, crepitus, and reduced range of motion tenderness with guarding. A total knee replacement was anticipated. The treating physician has not documented the medical necessity for CPM treatment beyond the

guideline recommended 21 days post-op period. The criteria noted above not having been met, CPM rental for 30 days is not medically necessary.