

Case Number:	CM15-0210868		
Date Assigned:	10/29/2015	Date of Injury:	11/11/2002
Decision Date:	12/22/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/27/2015

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: Minnesota, Florida
 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:

This 56 year old female sustained an industrial injury on 11-11-02. Documentation indicated that the injured worker was receiving treatment for knee joint replacement. Previous treatment included bilateral total knee arthroplasty, postoperative physical therapy, bracing, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 10-7-15, the injured worker reported that her left knee was getting worse with constant pain and swelling, rated 6 out of 10 on the visual analog scale. Physical exam was remarkable for right knee with moderate effusion, diffuse tenderness to palpation, 5 out of 5 strength, range of motion 0 to 120 degrees, 1+ anterior drawer test, 2+ varus and valgus stress test. The physician documented that x-rays of the right knee showed well-positioned total knee components. The treatment plan included right knee revision surgery with synovectomy and revision of polyethylene and associated surgical services. On 10-19-15, Utilization Review noncertified a request for associated surgical service: cold therapy unit purchase and right lower extremity scanogram for leg length.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit 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), Knee & Leg - Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option after knee surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. Use beyond 7 days is not recommended. As such, the request for purchase of the cold therapy unit is not supported and the medical necessity of the request has not been substantiated.

Associated surgical service: Right lower extremity scanogram for leg length: 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 - Radiography (X-rays).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Radiography.

Decision rationale: With regard to the scanogram, ODG guidelines for radiography are used. The documentation indicates that the revision surgery would entail increasing the thickness of the tibial polyethylene insert by 4 mm. The difference in leg lengths will not be significant and as such, the request for a scanogram is not supported and the medical necessity of the request has not been substantiated.