

Case Number:	CM15-0232889		
Date Assigned:	12/01/2015	Date of Injury:	02/28/1994
Decision Date:	12/02/2015	UR Denial Date:	11/19/2015
Priority:	Expedited	Application Received:	11/30/2015

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: Illinois, California, Texas
 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 injured worker is a 72-year-old female who sustained an industrial injury on 2/28/94. The mechanism of injury was not documented. The 2/3/13 right knee MRI documented moderate to large complex or degenerative lateral meniscus tear and a small tear of the posterior horn of the medial meniscus. There was mild lateral and patellofemoral osteoarthritis and moderate joint effusion. There was a mild sprain of the lateral collateral ligament, moderate-sized medial popliteal cyst, and mild chronic degenerative changes of the cruciate ligaments and patellar and quadriceps tendons. The 2/6/14 right knee x-rays documented loss of height in the lateral compartment. Conservative treatment had included unloader brace, viscosupplementation, and activity modification. The 1/26/15 through 8/10/15 progress reports documented persistent right knee pain. She was wearing a knee brace and using a cane for ambulation. The treating physician documented Synvisc One injections with temporary symptom relief aimed at delaying total knee replacement. The 11/9/15 treating physician report cited increasing right knee pain with marked medial and lateral joint line tenderness. Objective findings included limited range of motion, synovial thickening, effusion, and marked joint line tenderness. Authorization was requested for right total knee replacement and associated surgical requests for Norco 10/325 mg #60, pre-op surgical clearance, post-op brace, 7 day stay at a rehabilitation facility, 5-day inpatient hospital stay, and purchase of a cold therapy unit. The 11/19/15 utilization review certified the requests for right total knee replacement, Norco 10/325 mg #60, pre-op surgical clearance, post-op brace, and 7 day stay at a rehabilitation facility. The request for a 5-day inpatient hospital stay was modified to a 3-day inpatient stay consistent with the Official Disability Guidelines. The request for purchase of a cold therapy unit was non-certified as use of a cold therapy unit beyond 7 days is not consistent with guidelines.

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, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Continuous flow cryotherapy.

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery for up to 7 days. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request for one cold therapy unit is not medically necessary.

Associated surgical service: Inpatient hospital stay Quantity: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for a total knee arthroplasty is 3 days. The 11/19/15 utilization review modified the request for 5 days inpatient stay, certifying 3 days. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 3 day inpatient stay previously certified. Therefore, this request is not medically necessary.