

Case Number:	CM15-0054257		
Date Assigned:	03/27/2015	Date of Injury:	04/03/1996
Decision Date:	05/05/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/23/2015

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: Preventive Medicine, Occupational 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 injured worker was a 63-year-old male, who sustained an industrial injury, April 3, 1996. The injury was sustained when the injured worker was pushing the remains into the belly of an aircraft. The injured worker strained the back and legs while pushing the coffin. As a result, the injured worker sustained a left knee injury. The injured worker previously received the following treatments arthroscopic surgery in 1996, physical therapy, medication, knee braces, electrical stimulation, acupuncture, Celebrex, Glucosamine Sulfate and Synvisc injections. The injured worker was diagnosed knee degenerative joint disease. According to progress note of February 6, 2015, the injured workers chief complaint was pain in the bilateral knees right greater than the left. The physical exam noted the injured worker had severe arthritis to the bilateral knees, right greater than the left. The injured worker was symptomatic and was losing range of motion. The injured worker was willing to proceed with a right total knee arthroplasty. The treatment plan included one month rental of hot/ice machine ad continuous passive range of motion machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Rental of hot ice machine and continuous passive motion machine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Chapter: Knee and Leg, 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 & Leg (Acute & Chronic), Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. The request exceeds that which is recommended in the Guidelines. 1 Month Rental of hot ice machine and continuous passive motion machine is not medically necessary.