

Case Number:	CM15-0058224		
Date Assigned:	04/03/2015	Date of Injury:	03/20/2014
Decision Date:	05/04/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old female sustained an industrial injury to the right knee on 3/20/14. Previous treatment included magnetic resonance imaging, activity modification, ice, low impact exercise and medications. In a PR-2 dated 3/11/15, the injured worker reported wanting to proceed with right total knee arthroplasty. The physician noted concern about her weight adding to complications. Physical exam was remarkable for right knee with medial joint line tenderness, limited range of motion and mild patella-femoral crepitus without pain. Motor strength of the quadriceps and hamstring muscles was good. It was hard to tell if there was an effusion. Current diagnoses included right knee pain, right knee osteoarthritis, acquired genu varum of right lower extremity and obesity. The treatment plan included ongoing weight loss, proceeding with right total knee arthroplasty with associated surgical services including postoperative physical therapy and 21-day rental of a cryotherapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryotherapy unit, 21 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Continuous Flow Cryotherapy Section.

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 claimant is more than one-year status post work-related injury and a right total knee replacement is being planned. Being requested is post-operative physical therapy and rental of a cryotherapy unit. Cold compression / continuous-flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. In this case, the request is for a 21-day rental, which is in excess of guideline recommendations and therefore not medically necessary.

Post op physical therapy right (illegible) times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The claimant is more than one-year status post work-related injury and a right total knee replacement is being planned. Being requested is post-operative physical therapy and rental of a cryotherapy unit. Guidelines address the role of therapy after the claimant's surgery with a postsurgical physical medicine treatment period of 4 months and up to 24 physical therapy visits over 10 weeks, although goals can usually be achieved with fewer visits than the maximum recommended. In this case, the number of treatments being requested is unknown and therefore the request is not medically necessary.