

Case Number:	CM15-0080908		
Date Assigned:	05/01/2015	Date of Injury:	10/30/2012
Decision Date:	06/05/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/27/2015

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:

The injured worker is a 55 year old female who sustained an industrial injury on 10/30/2012. Current diagnosis includes right knee degenerative joint disease. Previous treatments included medication management. Initial complaints included injuries to the right hip and right knee. Report dated 03/06/2015 noted that the injured worker presented with complaints that included right hip and right knee pain. Pain level was 8 out of 10 on the visual analog scale (VAS). Physical examination was not included. The treatment plan included requests for right total knee arthroplasty, Norco, hospital bed, postoperative pain medications, seven-day cold therapy unit rental, CPM, walker, and postoperative physical therapy. Disputed treatments include CPM times 14 days rental and hospital bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: CPM x 14 days Rental: Overturned

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.

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

Decision rationale: ODG guidelines indicate postoperative use of continuous passive motion may be considered medically necessary for up to 21 days for a total knee arthroplasty in the acute hospital setting. In the home setting use up to 17 days after surgery is recommended while patients are at risk of a stiff knee due to immobility or being unable to bear weight. The request as stated is for 14 days rental which is supported by guidelines. As such, the request is medically necessary.

Associated Surgical Services: Hospital Bed: 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) Low Back, Lumbar & Thoracic (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Number 0543 DME: Hospital Bed.

Decision rationale: California MTUS and ODG are silent on this issue. Aetna considers Hospital beds medically necessary DME for members who meet any of the following criteria: 1. The member's condition requires positioning of the body in ways not feasible in an ordinary bed or 2. The member's condition requires special attachments for example traction equipment or 3. The member's condition requires the head of the bed to be elevated more than 30 most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered. The documentation provided does not indicate any of these conditions. As such, the request for a hospital bed is not supported by guidelines and the medical necessity of the request has not been substantiated.