

Case Number:	CM15-0084921		
Date Assigned:	05/07/2015	Date of Injury:	01/13/2012
Decision Date:	06/18/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/04/2015

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: Physical Medicine & Rehabilitation

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 78 year old male, who sustained an industrial injury on January 13, 2012. The mechanism of injury was a fall in which the injured worker sustained a right knee injury. The diagnoses have included symptomatic osteoarthritis of the right knee, internal derangement of the right knee and chondromalacia patella of the right knee. Treatment to date has included medications, radiological studies, cortisone injections, viscosupplementation injections, unloader brace and right knee surgery. Current documentation dated March 30, 2015 notes that the injured worker reported pain, swelling and instability of the right knee. Examination of the right knee revealed a slight effusion. The injured worker used a cane for ambulation and walked with a limp. Hip range of motion was noted to be good. Range of motion of the knee was noted to be a little short of full extension and flexion was to 120 degrees. The treating physician's plan of care included requests for a continuous passive motion machine (CPM) rental for twenty-one days, front wheel walker and a 3-1 commode.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front wheel walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG walker, page 39, pages 358-359.

Decision rationale: Review indicated orthopedic utilization reviewer had not authorized for the request for knee replacement surgery with post-op treatment; thereby, the DMEs are not indicated and necessary. Additionally, Per Guidelines, disability, pain, and age-related impairments seem to determine the need for a walking aid; however, medical necessity for request of walker has not been established as no specific limitations in ADLs have been presented. The provider noted the patient is ambulating with limp without documented difficulties or specific neurological deficits defined that would hinder any ADLs. The patient has been participating in outpatient office visits without issues and does not appear to be home bound. Submitted reports have not demonstrated adequate support for this from a clinical perspective without new acute injury or red-flag conditions. The Front wheel walker is not medically necessary or appropriate.

3-1 Commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment, Durable medical equipment (DME), pages 297-298.

Decision rationale: Review indicated orthopedic utilization reviewer had not authorized for the request for knee replacement surgery with post-op treatment; thereby, the DMEs are not indicated and necessary. Although the ACOEM and MUTS guidelines do address durable medical equipment, ODG states they are generally recommended when there is a medical need or if the device or system meets Medicare's definition and criteria. The Guidelines note that although most bathroom and toilet supplies do not serve a medical purpose, certain medical conditions resulting in physical limitations that require environmental modifications for prevention of injury are considered not primarily medical in nature. Regarding DME toilet items such as commodes, they are medically necessary if the patient is bed- or room-confined may be prescribed as part of a medical treatment for significant injury or infection resulting in physical limitations. Submitted reports have not adequately demonstrated support for this DME as medically indicated and have failed to identify any physical limitations requiring such a DME. The 3-1 Commode is not medically necessary or appropriate.

CPM Machine rental for 21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Continuous Passive Motion (CPM), pages 292-294.

Decision rationale: Review indicated orthopedic utilization reviewer had not authorized for the request for knee replacement surgery with post-op treatment; thereby, the DMEs are not indicated and necessary. Although guidelines do not recommend routine home use of CPM as it has minimal benefit, it does support continuous passive motion (CPM) combined with PT as studies have shown some beneficial results compared to PT alone in the short-term rehabilitation following specific surgery up to 21 consecutive days post-surgery in patients at risk for stiffness during immobility or non-weight bearing status. Submitted reports have not demonstrated specific indication, extenuating circumstance, or co-morbidities to allow for further use outside the recommendations of the guidelines. The CPM Machine rental for 21 days is not medically necessary or appropriate.