MAXIMUS Federal Services

Case Number:	CM14-0144447		
Date Assigned:	09/12/2014	Date of Injury:	08/30/2006
Decision Date:	10/17/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old female who has submitted a claim for s/p total knee replacement associated with an industrial injury date of 8/30/2006. Medical records from3/12/2014 up to 8/14/2014 was reviewed showing that the patient will undergo right total knee revision arthroplasty between 8/21/2014 and 10/5/2014. Her current right knee pain level is 6/10 with radiations and cramps to the right calf. Pain is aggravated with prolonged walking, standing, and climbing stairs. Examination of the right knee revealed a well healed anterior surgical scar, 3cm area of inflammation in the lateral right calf, and mild synovitis of the right knee. Treatment to date has included right total knee replacement, hydrocodone, Zolpidem, atorvastatin, verapamil, hydrochlorothiazide, lisinopril, insulin, and fluoxetine. Utilization review from 8/25/2014 denied the request for Commode, approved the request for Post-operative Physical Therapy 12 Sessions, and modified the request for Cold Therapy Unit with Pad for Purchase to 7 day Rental. As for the Commode, there was no documentation to indicate that the patient would be bed confined or room confined. As for the Cold Therapy Unit, the purchase exceeds the recommended 7 day rental. As for the 12 physical therapy sessions, the corresponding surgical procedure is medically warranted at this time and the requested 12 session is within the guideline's recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit with pad for purchase: 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 Official Disability Guidelines (ODG) Knee, Continuous-flow cryotherapy

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. Cold therapy unit is recommended 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. In this case, the patient will undergo a right total knee revision arthroplasty. Guidelines state that postoperative use may be up to 7 days. The medical necessity for cryotherapy has been established. However, the present request as submitted failed to provide a discussion as to why rental unit cannot suffice. Intended duration of treatment period was also not indicated. Therefore the request for Cold Therapy unit with pad for purchase is not medically necessary.

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 Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined. In this case, the patient will undergo a right total knee revision arthroplasty between 8/21/2014 and 10/5/2014. There was no mention of the patient being confined to the bed or room. Therefore, the request for a Commode is not medically necessary.

Post-operative Physical Therapy 12 Sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to CA MTUS Postsurgical Treatment Guidelines, the recommended number of post-operative physical therapy visits for knee arthroplasty cases is 24 visits over 10 weeks. In this case, the patient will undergo a right total knee revision arthroplasty. The requested number of visits is within the guideline's recommended timeline. Therefore, the request for Post-operative Physical Therapy 12 Sessions is medically necessary.