

Case Number:	CM14-0147172		
Date Assigned:	09/15/2014	Date of Injury:	02/04/2002
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/10/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 51 year old female who sustained an industrial injury on 2/4/2002. She slipped while walking down stairs, injuring her left knee. She is now status post left TKR (total knee replacement) on 5/20/2014. According to the 7/1/2014 primary treating physician progress report, the patient presents for follow-up for left knee pain. She finished the postoperative pain medications in 10 days. She only takes Motrin for pain control. She requests refill of Lunesta. Objectively, she has a large, well-healing surgical incision over the left knee. She was given prescription for refills of Lunesta, she is recuperating from total knee replacement, and is doing well, and PT (physical therapy) is ongoing. On 7/22/2014 she reports that she hikes everyday forward and backward. According to the medical records, the patient reports participating in activities such as gardening and mowing her yard. The medical records indicate she is very functional. She reported not waking with stiffness. According to the physical therapy treatment note dated 8/8/2014, she has attended 9 visits. The patient reports she is consistent with her HEP (home exercise program). She had already performed all of her HEP before coming into therapy. Active knee ROM (range of motion) R/L on flexion 108/136 and extension is 0/0, passive knee ROM R/L on flexion 114/140 and extension 0/0, strength is 4/5 left and 5/5 right. A RFA dated 8/8/2014 requests CPM, CPM pads and Kodiak cryotherapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP Unit x1: 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)

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 passive motion (CPM)

Decision rationale: CA MTUS is silent regarding the request. The ODG criteria for the use of continuous passive motion devices: For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. According to the Official Disability Guidelines, CPM device may be recommended for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. Routine home use of CPM has minimal benefit. In this case, the patient underwent left TKR in May 2014. She is now several months post-surgery. She is very active, demonstrates good compliance with HEP, good strength and functional ROM, and she does not have any of the issues or conditions for which a CPM device may be warranted per the guidelines. The request for CPM unit is not medically necessary in this case. According to the Official Disability Guidelines, CPM device may be recommended for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. Routine home use of CPM has minimal benefit. In this case, the patient underwent left TKR in May 2014. She is now several months post-surgery. She is very active, demonstrates good compliance with HEP, good strength and functional ROM, and she does not have any of the issues or conditions for which a CPM device may be warranted per the guidelines. The request for CPM unit is not medically necessary in this case.

Kodiak Combo Unit x1 for the Left Knee: 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)

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: According to the guidelines, cryotherapy device is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The patient is now several months status post left knee TKA. She has progressed well postoperatively. She is clearly no longer in the acute post-operative setting. At this juncture, standard cold packs can be used if desired. A cryotherapy device is not medically necessary per ODG.

