

<b>Case Number:</b>	CM14-0149674		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/05/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 60-year-old male who reported injury on 05/05/2010, reportedly when he slipped and fell at work, causing severe injury to his knee. The injured worker's treatment history included medications, knee surgery, Orthovisc injections, MRI studies, and physical therapy. The injured worker was evaluated on 07/31/2014, and it was documented the injured worker continued to complain of right knee, right hip, and low back pain that radiated into the right buttocks with some numbness in the thigh described as squeezing, deep, and numbing. He rated his pain as 7/10 to 9/10 on the pain scale. It was documented the injured worker has been titrating his dose of Neurontin which has been helping decrease some of his numbness in thigh. He recently discussed undergoing a total knee replacement with his surgeon. The injured worker would like to do everything if he can hold off on possibly undergoing such an extensive surgery. The physical examination revealed there was improved range of motion of the low back with physical therapy. The injured worker was walking with a walking stick due to the right knee pain. The right hip had persisted with limited range of motion due to discomfort. He was wearing a right knee brace. Diagnoses included right knee status post arthroscopy, right shoulder status post arthroscopy, lumbar spine sprain/strain, right SI joint arthropathy, right hip sprain/strain, and chronic pain syndrome. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase cold therapy unit:** 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 Knee & Leg (Acute & Chronic) Game Ready

**Decision rationale:** The requested is not medically necessary. The Official Disability Guidelines (ODG) cold therapy unit is recommended as an option after surgery, but not for nonsurgical treatment. The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. However, in a recent yet-to-be-published randomized controlled trial (RCT), patients treated with compressive cryotherapy after anterior cruciate ligament (ACL) reconstruction had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone. The guidelines do not recommend a purchase of a cold therapy unit for nonsurgical procedures. Furthermore, it was documented that the injured worker was trying to hold off on undergoing such an extensive knee surgery. As such, the request for purchase cold therapy unit is not medically necessary.

**3 in 1 commode 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 (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg, Durable Medical Equipment

**Decision rationale:** The requested is not medically necessary. According to the Official Disability Guidelines (ODG) state that durable medical equipment (DME) is for medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sit baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The provider failed to indicate the rationale why he was requesting a 3 in 1 commode purchase. As such, the request for 3 in 1 commode is not medically necessary.

**Continuous Passive Motion (CPM) rental times 3 weeks:** 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 Knee & Leg, Continuous Passive Motion

**Decision rationale:** The request for CPM (Continuous Passive Motion) is not medically necessary. Official Disability Guidelines (ODG) recommends CPM 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 physical therapy (PT) may be small. Routine home use of CPM has minimal benefit. Although research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application. A Cochrane review on this topic concluded that short-term use of CPM leads to greater short-term range of motion. But in a recent RCT results indicated that routine use of prolonged CPM should be reconsidered, since neither long-term effects nor better functional performance was detected. The experimental group received CPM + PT in the home situation for 17 consecutive days after surgery, whereas the usual care group received the same treatment during the in-hospital phase (i.e. about four days), followed by PT alone (usual care) in the first two weeks after hospital discharge. Continuous passive motion (CPM) combined with PT, may offer beneficial results compared to PT alone in the short-term rehabilitation following total knee arthroplasty. Results favoring CPM were found for the main comparison of CPM combined with PT versus PT alone at end of treatment. For the primary outcomes of interest, CPM combined with PT was found to statistically significantly increase active knee flexion and decrease length of stay. CPM was also found to decrease the need for post-operative manipulation. CPM did not significantly improve passive knee flexion and passive or active knee extension. Documentation submitted failed to indicate an authorized surgery date. In the documentation submitted, it was documented the injured worker stated he would like to hold off from such an extensive knee surgery. Moreover, the provider failed to include authorization and date of requested knee surgery. As such, the request for CPM rental times 3 weeks is not medically necessary.