

Case Number:	CM14-0216459		
Date Assigned:	01/15/2015	Date of Injury:	11/12/2002
Decision Date:	03/05/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 12, 2002. In a Utilization Review Report dated December 9, 2014, the claims administrator denied request a knee immobilizer and cold therapy unit. The articles at issue are reportedly requested on a November 6, 2013 progress note. It was stated that the applicant had undergone a knee arthroplasty procedure on November 11, 2013. The claims administrator seemingly suggested (but did not clearly state) that the request may have been initiated in conjunction with a concurrent request for a revision knee surgery. The applicant's attorney subsequently appealed. In an appeal letter dated December 31, 2014, the applicant stated that her sitting, standing, and driving tolerances were significantly limited. The applicant was using oxycodone and Percocet as of this point in time. The applicant was using a cane to move about, it was acknowledged. On December 31, 2014, the attending provider stated that the applicant was pending a revision total knee arthroplasty on January 20, 2015. The attending provider stated that the applicant needed to obtain physical therapy postoperatively. The attending provider stated that the applicant needed care in a skilled nursing facility for one month postoperatively. The attending provider stated that the applicant needed to undergo removal of previously implanted spinal cord stimulator. The attending provider suggested that the applicant remained off of work, on total temporary disability, in the interim. In a January 5, 2015 progress note, the attending provider stated that the applicant was scheduled to undergo revision total knee arthroplasty on January 20, 2015. Authorization was sought for a knee continuous passive motion device, an interferential

stimulator for one to two months, a cold therapy unit purchase, a knee immobilizer, and an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous-flow Cryotherapy

Decision rationale: The MTUS and MTUS Guideline in ACOEM Chapter 13 do not specifically address the topic of postoperative cryotherapy. While ODG's Knee Chapter Continuous-flow Cryotherapy topic does acknowledge that continuous-flow cryotherapy is recommended for up to one week of postoperative use, in this case, however, the request for a purchase of a continuous-flow cryotherapy device represents treatment in excess of ODG parameters. No rationale for such a protracted duration of treatment was proffered by the attending provider in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.

Knee Immobilizer Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-339.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 3338 usage of a knee immobilizer should be employed "only if needed." Here, it is not necessarily inevitable that the applicant will need to be immobilized following planned revision knee arthroplasty surgery. The MTUS Guideline in ACOEM Chapter 13, page 339 notes that the principle of maximizing activities while recovering from a physical problem applies to knee problems as well as problems involving other parts of the body. Here, again, the attending provider has not clearly outlined how, why, and/or if the applicant will be so profoundly immobile postoperatively as to require usage of a knee immobilizer. Therefore, the request was not medically necessary.