

Case Number:	CM14-0084733		
Date Assigned:	07/21/2014	Date of Injury:	04/21/2009
Decision Date:	05/13/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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: California, Arizona
 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 a 65-year-old male who reported injury on 04/21/2009. The mechanism of injury was not provided. The injured worker was noted to be status post right knee total replacement. The documentation of 03/28/2014 revealed a request for a ThermoCare contrast compression therapy and knee CPM therapy as well as a front wheeled walker, and a commode. There was a Request for Authorization submitted for review dated 04/17/2014. The nursing documentation indicated the injured worker had a right knee total replacement surgery on 04/21/2014. The documentation of 04/24/2014 revealed the injured worker was utilizing a walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Machine (30-day rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary last updated 01/09/2013; (DME) Criteria for the use of Continuous Passive Motion Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: The Official Disability Guidelines indicate that in the acute hospital setting up to 10 consecutive days is appropriate for the use of a CPM machine after a total knee arthroplasty and up to 17 days after surgery. The clinical documentation submitted for review indicated the injured worker underwent a right total knee replacement on 04/21/2014. There was a lack of documentation indicating a necessity for a 30-day rental. Additionally, the request as submitted failed to indicate the body part to be treated. Given the above and the lack of documentation, the request is not medically necessary.

Front Wheeled Walker (purchase): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary last updated 03/31/2014; (DME) Walking Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Walking Aids.

Decision rationale: The Official Disability Guidelines indicate that disability pain and age related impairments determine the need for a walking aid. The request for the front wheeled walker was prior to the surgical intervention and would have been obtained in response to the surgery. The clinical documentation submitted for review indicated the injured worker had a right total knee replacement. While the nurse documentation indicated the injured worker had a front wheeled walker on the date of 04/24/2014, this DME would have been obtained prior to surgical intervention. As such, the request is medically necessary.

Commode (purchase): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary last updated 01/09/2013; (DME) Bathroom and Toilet Supplies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Durable Medical Equipment, DME.

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment including commodes are medically necessary if the injured worker is room confined or bed confined and if the injured worker has a physical limitation. The injured worker was noted to have a condition, a right total knee replacement that would support a physical limitation. Given the above, the request is medically necessary.

ThermaCare 2 System (30-day rental): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, compression garments.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that at home local applications of cold in the first few days of acute complaint are appropriate, thereafter, applications of heat or cold are appropriate. The physician documentation indicated the request was made for a compression garment. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that compression garments are recommended for the prevention of deep vein thrombosis. The clinical documentation submitted for review failed to provide a rationale for the necessity for a ThermaCare 2 system. There was a lack of documented rationale for the use of the ThermaCare versus a hot and cold pack. There was a lack of documentation indicating a necessity for compression. Given the above, the request is not medically necessary.

Pad (purchase): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.