

Case Number:	CM15-0005115		
Date Assigned:	01/16/2015	Date of Injury:	06/12/2009
Decision Date:	03/23/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York
 Certification(s)/Specialty: Neurological Surgery

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 61 year old male truck driver sustained an industrial injury on June 12, 2009 throwing straps over his load. He reported right shoulder pain which failed physical therapy and underwent three shoulder operations. He then hurt his knee and developed subsequent right knee pain. The diagnoses have included right knee osteoarthritis, partial knee replacement right knee cellulitis. Treatment to date has included multiple shoulder and knee surgeries, diverticulitis, and X-rays. Currently, the IW complains of right shoulder and right knee pain. Treatment includes cane, physical therapy, injections, CT knee, oral medication and right knee unicompartmental knee arthroplasty done on December 11, 2014. On December 26, 2014 utilization review non-certified a request for associated surgical service: therma core 30 day rental with therma core pad purchase, associated surgical service: CPM rental X 30 days, associated surgical service: CPM pad purchase, associated surgical service: folding wheeled walker for purchase and associated surgical service: commode chair with fixed arms for purchase, noting the lack of documentation of pending approved surgery. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Therma core 30 day rental with therma core 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter-Continuous flow cryotherapy

Decision rationale: ODG guidelines regarding continuous flow cryotherapy indicate it is recommended post-operatively for 7 days. However, the requested treatment: associated surgical service: Therma core 30 day rental is outside the guidelines. Thus the Therma core rental with therma core pad purchase is not medically necessary or appropriate.

Associated surgical service: CPM rental x 30 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Chapter-Continuous Passive motion devices

Decision rationale: Continuous passive motion for home use are recommended. However, the ODG guidelines indicate a time limitation of up to 17 days following surgery. The request for rental of 30 days exceeds the guidelines. Thus this requested treatment: Associated surgical service: CPM rental x 30 days is not medically necessary or appropriate.

Associated surgical service: CPM 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.

Associated surgical service: Folding wheeled walker for purchase: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Chapter-Walking aids

Decision rationale: The associated surgical service: folding wheeled walker for purchase would be recommended by the ODG guidelines. They are preferable for those patients with bilateral disease. Pain, disability and age-related impairment seems to determine the need for the walking aid. In this case the patient has had three prior shoulder operations. The wheeled walker is medically necessary and appropriate.

Associated surgical service: Commode chair with fixed arms for purchase: Overturned

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

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

Decision rationale: ODG guidelines indicate that a commode chair may be medically necessary as part of the treatment plan. Since this worker has had three prior shoulder operations the fixed arms can be beneficial. Thus this associated surgical service: Commode chair with fixed arms for purchase is medically necessary and appropriate.