

Case Number:	CM15-0100059		
Date Assigned:	06/02/2015	Date of Injury:	02/14/2012
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 69 year old female, who sustained an industrial injury on February 14, 2012. She reported head, neck, bilateral shoulder, bilateral knees, and lower back pain. The injured worker was diagnosed as having advance osteoarthritis of the left knee. On August 9, 2012, an MRI of the left knee revealed advanced medial compartment osteoarthritis, with diffuse cartilage loss, severe meniscal degeneration, subchondral edema, and a local Baker cyst; peripheral extrusion of most of the degenerated medial meniscus from the joint line; and mucoid degeneration of the cruciate ligaments and mild femoral patellar joint arthritis and popliteal tendinosis. On March 22, 2013, x-rays of the left knee revealed tricompartmental degenerative joint disease. Treatment to date has included work modifications, left knee steroid injections and viscosupplementation injections, a non-steroidal anti-inflammatory injection, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On April 17, 2015, the injured worker complains of her knees hurting for 5 years. Associated symptoms include night pain and difficulty walking. The physical exam revealed she was slowly and guards, +2 left knee varus, limping, tenderness, 0 - 120 degrees active range of motion of the left knee, crepitation, and medial cruciate ligament laxity. Weight bearing x-rays revealed left knee bone on bone medially and advance patellofemoral disease. The treatment plan includes a left total knee replacement. The requested treatments included left total knee replacement, 6 sessions of physical therapy, continuous passive motion machine for 2 weeks, hospital bed rental for 2 weeks, and a Polar care unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Polar care rental 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Knee and Leg Procedure Summary Online Version last updated 02/27/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post surgical use, but the ODG places a finite period of time this is recommended for use after surgery. The request is in excess of this period for and therefore the request is not certified.

Associated surgical service: Hospital bed rental for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aenta Clinical Policy Bulletins Number: 0543 Subject: Hospital Beds and Accessories Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is rentable and able to be used by successive patients. It does not serve a primary medical purpose that cannot be accomplished without it. Hospital beds are only necessary when the patient requires special positioning or head elevation that cannot be accomplished by other means. Therefore, criteria have not been met per the ODG and the request is not certified.