

Case Number:	CM15-0120847		
Date Assigned:	07/01/2015	Date of Injury:	02/26/2013
Decision Date:	08/04/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, California
 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 62 year old female, who sustained an industrial injury on 02/26/2013. She has reported injury to the right knee. The diagnoses have included right knee pain; end-stage osteoarthritis, medial patellofemoral, right knee; and status post right knee total arthroplasty, on 04/20/2015. Treatment to date has included medications, diagnostics, knee sleeve, injections, physical therapy, and surgical intervention. Medications have included Tramadol, Percocet, and Ambien. A progress report from the treating physician, dated 05/21/2015, documented a follow-up visit with the injured worker. The injured worker reported stiffness status post right total knee arthroplasty on 04/21/2015; she can walk four blocks; she has some stiffness and ache; and she has some difficulty sleeping at night. Objective findings included lacks 5 degrees of extension; flexion is 85 degrees; wound is healed; no effusion; no calf pain; no saphenous pain; she has a failed total knee replacement; and revision was explained. The treatment plan has included the request for continuous passive motion (CPM) 30 day extension; and Thermacure 30 day extension. She sustained the injury when she was grabbing a cart, she struck her right knee. The medication list include Ambien and Percocet. Patient has received an unspecified number of PT visits for this injury. The patient has had X-ray of the bilateral knee that revealed collapse of the medial compartment and arthritis. The patient has used a Thermacure for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion (CPM) 30 day extension: 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 Official Disability Guidelines (ODG) Knee & Leg (updated 07/10/15) Continuous passive motion (CPM).

Decision rationale: Request: Continuous passive motion (CPM) 30 day extension. ACOEM/MTUS state guideline does not specifically address this issue. Hence ODG used. Regarding Continuous passive motion (CPM), ODG states, in the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures, Total knee arthroplasty (revision and primary, Anterior cruciate ligament reconstruction (if inpatient care), Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. The patient has used the Continuous Passive Motion Machine for the knee on a 17 day rental. The detailed response of previous use of the Continuous Passive Motion Machine for knee was not specified in the records provided per the cited guidelines; routine home use of CPM has minimal benefit when combined with standard physical therapy. Detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for Continuous passive motion (CPM) 30 day extension is not fully established at this time.

Thermacure 30 day extension: 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 Official Disability Guidelines (ODG) Knee & Leg (updated 07/10/15) Continuous-flow cryotherapy.

Decision rationale: Thermacure 30 day extension. ACOEM/MTUS guideline do not address this request exactly hence ODG used per the cited guidelines Continuous-flow cryotherapy is Recommended as an option after surgery, but not for nonsurgical treatment. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. There is limited information to support active vs. passive cryo units. cryotherapy after TKA yields no apparent lasting benefits, and the current evidence does not support the routine use of cryotherapy after TKA. Therefore there is minimal evidence supporting the use of cold therapy for this diagnosis. In addition any evidence of acute pain was not specified in the records provided. Rationale for not using a simple cold pack at home was not specified in the records provided. The patient has used Thermacure for this injury. The detailed response of Thermacure was not specified in the records provided. Patient has received an unspecified number of PT visits and acupuncture treatments for this injury til date. The records provided do not specify a detailed response to other conservative

measures including PT for this injury. The previous PT visit notes are not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of the request for Thermacure 30 day extension is not fully established for this patient.