

Case Number:	CM15-0121149		
Date Assigned:	07/01/2015	Date of Injury:	02/21/2012
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

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: California

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 sustained an industrial injury on 02/21/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post left total knee arthroplasty and knee arthrofibrosis. Treatment and diagnostic studies to date has included physical therapy, above noted procedure, and use of a Thermacure unit. In a progress note dated 04/21/2015 the treating physician reports that the injured worker "feels better," but the documentation provided did not indicate what the injured worker's symptoms were and what symptoms improved. Examination reveals surgical wound to be clean, dry, and intact, with sutures intact, and with tenderness to palpation to the calf. The treating physician noted current use of a Thermacure unit for contrast compression therapy, but the medical records provided did not indicate specific documentation of functional improvement or specific documentation of improvement in the injured worker's symptoms secondary to use of this equipment. The treating physician requested an additional 30 day rental of a Thermacure unit contrast compression therapy for the diagnosis of knee arthrofibrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare unit rental additional 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter (Online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, page 292.

Decision rationale: Regarding Thermacare therapy, guidelines state it is recommended as an option after surgery, but not for nonsurgical treatment. The request for authorization does not provide supporting documentation for treatment beyond the guidelines criteria. Although heat wrap unit may be indicated during the acute phase of injury post exercise with local application to decrease pain, there is no documentation for home exercise program that establishes medical necessity or planned surgical procedure to warrant 30 days additional rental beyond guidelines criteria of 7 days post-operatively. Submitted reports are without demonstrated specific functional benefit in terms of decreased medication profile and treatment utilization from the continued use of this unit for this chronic injury of 2012. The Thermacare unit rental additional 30 days is not medically necessary and appropriate.