

Case Number:	CM15-0128443		
Date Assigned:	07/15/2015	Date of Injury:	08/30/1999
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/03/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old male, who sustained an industrial injury on 08/30/1999. He has reported injury to the bilateral upper extremities, bilateral knees, left ankle, and psyche. The diagnoses have included inflammatory (myositis); shoulder joint pain; lower leg pain; status post right total knee arthroplasty with lateral patellar subluxation and pain; and status post exploration right total knee arthroplasty, excision of scar tissue and lateral release with medial imbrication extensor mechanism, on 05/21/2015. Treatment to date has included medications, diagnostics, bracing, injections, TENS (transcutaneous electrical nerve stimulation) unit, cold therapy unit, walker, physical therapy, and surgical intervention. Medications have included Percocet and Tizanidine. A progress report from the treating physician, dated 06/11/2015, documented a follow-up visit with the injured worker. The injured worker reported post-operative pain and inflammation in the right knee; pain is rated at 9/10 on the pain scale; states continued need for cold therapy machine and CPM machine for pain, inflammation, increased flexibility, and reduction of scar tissue post-operatively; without the machines, he states he has needed his Percocet at max 10 or more per day for his pain; he believes with the use of the cold therapy machine, his pain would be significantly alleviated; and he continues with physical therapy, Canadian crutches, and wheeled walker. Objective findings included ambulation with use of Canadian crutches; slow and antalgic gait; right leg guarding and weakness; right knee extremely swollen, long surgical scar with steri-strips healing well, bruising present, and stiff; right knee range of motion decreased, but able to extend and bend somewhat; right knee tender throughout; left knee tender with slight swelling; right wrist in brace; and the right wrist has swelling,

tenderness, and decreased range of motion due to pain and swelling. The treatment plan has included the request for cold therapy unit (in months) quantity: 60; and CPM (continuous passive motion) machine (in months) quantity: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit (in months) Qty 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment.

Decision rationale: This claimant was injured back in 1999 with injury to the bilateral upper extremities, bilateral knees, left ankle, and psyche. The diagnoses have included inflammatory (myositis); shoulder joint pain; lower leg pain; status post right total knee arthroplasty with lateral patellar subluxation and pain; and status post exploration right total knee arthroplasty, excision of scar tissue and lateral release with medial imbrication extensor mechanism, on 05/21/2015. Objective findings included ambulation with use of Canadian crutches; slow and antalgic gait; right leg guarding and weakness; right knee extremely swollen, long surgical scar with steri-strips healing well, bruising present, and stiff; right knee range of motion decreased, but able to extend and bend somewhat; right knee tender throughout; left knee tender with slight swelling. This is a cold therapy pump. This durable medical equipment item is a device to administer regulated cold. However, the MTUS/ACOEM guides note that during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day. More elaborate equipment than simple cold packs are simply not needed to administer cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. Moreover, a usage for 60 months is excessive. The request is not medically necessary.

CPM machine (in months) Qty 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter.

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

Decision rationale: As shared earlier, this claimant was injured back in 1999 with injury to the bilateral upper extremities, bilateral knees, left ankle, and psyche. The diagnoses have included

inflammatory (myositis); shoulder joint pain; lower leg pain; status post right total knee arthroplasty with lateral patellar subluxation and pain; and status post exploration right total knee arthroplasty, excision of scar tissue and lateral release with medial imbrication extensor mechanism, on 05/21/2015. Objective findings included ambulation with use of Canadian crutches; slow and antalgic gait; right leg guarding and weakness; right knee extremely swollen, long surgical scar with steri-strips healing well, bruising present, and stiff; right knee range of motion decreased, but able to extend and bend somewhat; right knee tender throughout; and the left knee is tender with slight swelling. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding continuous passive motion devices for the knee, the ODG notes in the Knee section: 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: (1) Total knee arthroplasty (revision and primary); (2) Anterior cruciate ligament reconstruction (if inpatient care); (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. (BlueCross BlueShield, 2005) For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) Complex regional pain syndrome; (b) Extensive arthrofibrosis or tendon fibrosis; or (c) Physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. 60 months of usage is excessive; the request is appropriately not medically necessary.