

Case Number:	CM15-0142521		
Date Assigned:	09/09/2015	Date of Injury:	04/01/2010
Decision Date:	10/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/22/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic 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 injured worker is a 73-year-old female, who sustained an industrial injury on 4-1-10. She reported falling at work causing right knee pain. The injured worker was diagnosed as being status post right knee arthroscopy with partial medical meniscectomy and limited chondroplasty of medial femoral condyle on 4-28-08 and status post left knee arthroscopy on 11-4-10. She underwent a total knee arthroplasty with an oversized tibial component in 2013 and complains of pain. There is no evidence of infection. Treatment to date has included physical therapy, a knee immobilizer, use of a cane, and medication. Currently, the injured worker complains of right knee pain. The treating physician requested authorization for a cold therapy unit for purchase and a continuous passive motion machine (21-day rental). On 7-17-15, the requests were non-certified, the utilization review physician noted "the requested revision right total knee replacement was non-certified therefore the requested cold therapy unit for purchase and a continuous passive motion machine (21-day rental) are not medically necessary."

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit for purchase: Upheld

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

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

Decision rationale: The injured worker is a 73-year-old female with a history of right knee pain status post total knee arthroplasty with an oversized tibial component in March 2013. The documentation provided does not indicate any evidence of infection. She complains of right knee pain and has range of motion from 20 to 80. A request for revision of the right total knee arthroplasty was noncertified by utilization review. The current request pertains to purchase of a cold therapy unit. ODG guidelines indicate continuous flow cryotherapy as an option after knee surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. Use beyond 7 days is not recommended. The request as stated is for a purchase of the cold therapy unit, which is not supported. Furthermore, the surgery has been noncertified and so none of the associated surgical requests are applicable. As such, the request for purchase of a cold therapy unit is not medically necessary.

Associated surgical service: Continuous passive motion machine (21-day rental): 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 and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Continuous Passive Motion.

Decision rationale: With regard to the continuous passive motion rental for 21 days, ODG guidelines indicate in the acute hospital setting, postoperative use of the continuous passive motion machine may be considered medically necessary for 4-10 consecutive days (no more than 21 days) including revision and primary. In this case, the surgical procedure has been deemed not medically necessary. As such, the associated surgical request for continuous passive motion machine rental for 21 days is also not medically necessary.