

Case Number:	CM15-0169418		
Date Assigned:	09/17/2015	Date of Injury:	05/30/2014
Decision Date:	11/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/27/2015

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, Arizona

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 61-year-old male who sustained an industrial injury on 5-30-14. He had complaints of left shoulder and left knee pain. Diagnostics and treatment include: x-ray, MRI and injections. Progress report dated 7-7-15 reports continued worsening right knee pain. He has not heard about left knee surgery. Diagnoses include: osteoarthritis knee, and osteoarthritis shoulder. Progress report dated 8-5-15 reports awaiting surgical authorization. Plan of care includes: await surgery, continue naproxen and try flurbiprofen lotion. Work status: totally temporarily disabled. Request dated 8-11-15 for left total knee arthroplasty, internal medicine pre op clearance, RN assessment, post op wound care and home aide, lovenox 30 mg post op, post op home therapy 3 times per week for 4 weeks, continuous passive motion CPM machine, motorized cold therapy unit, DVT unit and front wheel walker. Most recent PR-2 dated 9/1/2015 states there is no word pertaining to surgical authorization however, written in pen on the electronically dictated PR-2 note is "He will have surgery on September 29."

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy, three times a week for four weeks for the left knee:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: California post surgical guidelines recommend up to 24 visits of post total knee arthroplasty physical therapy, over 10 weeks time. Within the submitted records, it is not specifically stated that the injured worker has been authorized for knee surgery, and no operative note was submitted. Without this information clearly stated, this request for post operative therapy cannot be supported. The request is not medically necessary.

Motorized Cold Therapy unit: 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, Continuous Passive Motion.

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

Decision rationale: Continuous flow cryotherapy is recommended as an option after surgery for rental, up to 7 days. Purchase is not recommended. As it is not known whether or not the injured worker has undergone knee replacement for his end-stage OA of the left knee, this post-surgical request cannot be supported. The request is not medically necessary.

Deep Vein Thrombosis Unit: Upheld

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

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

Decision rationale: The California MTUS guidelines are silent with regards to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anti-coagulation therapy. Due to the fact it is unclear whether or not the injured worker underwent surgery, and because there is no specific mention of the injured worker being high risk for DVT post surgery, this request cannot be supported at this time. The request is not medically necessary.

Front Wheeled Walker: Upheld

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

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

Decision rationale: The California MTUS does not address this issue. ODG guidelines recommend walking aids. Front wheeled walkers are indicated in the presence of bilateral disease. There is no mention that the injured worker had surgery, and therefore the request cannot be supported. The request is not medically necessary.

Continuous Passive Motion (CPM) Machine: 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 Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous Passive Motion.

Decision rationale: California MTUS Guidelines are silent. When looking at the Official Disability Guidelines, up to 21 days of CPM device would be supported for total joint arthroplasty, ACL reconstruction, and certain fracture fixation procedures to the knee. However, because it is unknown whether or not the injured worker had surgery, this request cannot be supported. Furthermore, there is no mention of how long the CPM machine is to be used within the request; therefore, it is not medically necessary.