

Case Number:	CM15-0039023		
Date Assigned:	03/09/2015	Date of Injury:	07/23/1997
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 74 year old male who sustained an industrial injury on 07/23/1996-07/23/1997. He states he was in approximately 3-4 motor vehicle accidents while working for the sheriff's department. He notes injury to his neck, back, both upper extremities and both hips. Prior treatments included physical therapy, massage, diagnostics, multiple epidural injections and medications. He presented on 12/11/2014 with tenderness in the joint line on exam of the knee. Range of motion was painful. This note does not address the request for knee surgery. There is an MRI of the knee dated 09/02/2014 in the submitted records. Additional progress reports or documentation regarding previous treatment or current treatment was not available within the submitted medical records. Diagnosis was rule out internal derangement bilateral knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celecoxib Page(s): 70.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 70 states that Celecoxib (Celebrex) is for use with patients with signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. In this case the exam note from 12/11/14 does not demonstrate any evidence of osteoarthritis, rheumatoid arthritis or ankylosing spondylitis. Therefore the determination is for non-certification.

Associated surgical service: 3 in 1 commode 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 (ODG) Knee and Leg Procedure Summary last updated 01/30/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, DME toilet items.

Decision rationale: CA MTUS/ACOEM is silent on the issue of commode. Per the ODG Knee and Leg, DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as a raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case the exam note from 12/11/14 does not demonstrate any functional limitations to warrant a commode postoperatively. Therefore the determination is for non-certification.

Associated surgical service: Theramacooler rental for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary last updated 01/30/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request is for 30 days. Therefore the determination is for non-certification.

Associated surgical service: Continuous Passive Motion (CPM) machine rental for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary last updated 01/30/2015 and on Blue Cross of California Medical Policy # DME.00019: Continuous Passive Motion Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG Knee and Leg, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. As the guideline criteria have not been met with a 6 week request, the determination is for non-certification.