

Case Number:	CM15-0046857		
Date Assigned:	04/14/2015	Date of Injury:	10/20/2013
Decision Date:	05/18/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/12/2015

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, Indiana, Oregon
 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 49-year-old male, who sustained an industrial injury on 10/20/2013. Diagnoses include right knee arthrofibrosis loose bodies. Treatment to date has included multiple surgical interventions (including partial medial and lateral meniscectomies on 2/12/2014 and right medial unicompartmental arthroplasty on 7/08/2014), diagnostics including magnetic resonance imaging (MRI), physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 1/29/2015, the injured worker reported right knee symptoms including some lateral catching in the patellofemoral joint and posteromedial symptoms. Physical examination revealed patellar tilt test was positive with crepitus and mechanical catching with palpable cord noted medially. Some posteromedial pain was noted with palpation. McMurray's produced generalized pain. The plan of care included surgical intervention and authorization was requested for purchase of a cold therapy unit and continuous passive motion (CPM) machine.

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 (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

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. The definition of durable medical equipment is that it is durable often able to be used by subsequent patient (i.e. rental). In this case, the request is for purchase. Therefore, the request is not medically necessary.

Associated Surgical Service: Continuous Passive Motion Device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: CA MTUS/ACOEM is silent on the use of CPM after manipulation under anesthesia. ODG Knee is referenced. Inpatient CPM is indicated after revision TKA and sometimes after total knee arthroplasty. Outpatient use is recommended for low ability to comply with an exercise program from physical, mental or behavioral reasons or when excessive fibrosis exists. In this case, the exam note of 9/29/14 shows 0-125 range of motion 12 weeks after the arthroplasty. None of the recommended guidelines are satisfied; therefore, the request is not medically necessary.