

<b>Case Number:</b>	CM15-0068624		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 59 year old male who sustained an industrial injury on 02/04/2014. Current diagnosis includes right knee osteoarthritis. Previous treatments included medication management, and right knee arthroscopic surgery. Previous diagnostic studies included MRI. Report dated 03/16/2015 noted that the injured worker presented with complaints that included persistent right knee pain and discomfort. Pain level was rated as 6-7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included discussion of treatment recommendations from the qualified medical examination which included right total knee replacement, instructed to remain on modified duty with work restrictions, and instructed to follow up with primary treating physician. Disputed treatments include cold therapy unit (CTU) rental for 7 days and continuous passive motion (CPM) rental for 14 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CTU rental x14 days:** 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, cryotherapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The patient is currently post-operative but the request is in excess of the time period the ODG recommends for home CTU. Therefore the request is not medically necessary.

**CPM rental x21 days:** Overturned

**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, CPM.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on CPM, it may offer beneficial results compared to PT alone in the short-term rehabilitation following total knee arthroplasty. Criteria for the use of CPM devices included: May be considered medically necessary for up to 21 days postoperatively for the following surgical procedures: 1. Total knee arthroplasty; 2. Anterior cruciate ligament reconstruction; 3. Open reduction and internal fixation of the tibial plateau or distal femur fractures involving the knee joint. The request meets criteria as outlined above and therefore is medically necessary.