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| Case Number: | CM15-0090992 | | |
| Date Assigned: | 05/15/2015 | Date of Injury: | 12/06/2010 |
| Decision Date: | 06/17/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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 58-year-old male, with a reported date of injury of 12/06/2010. The diagnoses include left knee anterior cruciate ligament (ACL) tear, and left knee end-stage traumatic arthritis. Treatments to date have included an MRI of the left knee on 12/03/2013, which showed arthritic changes, chondromalacia patella, patellofemoral joint arthropathy, moderate joint effusion, and two 5mm cysts; a cane; and x-rays of the left knee, which showed bone on bone lateral compartment with severe osteoarthritis. The medical report 12/12/2014 indicates that the injured worker complained of left knee pain. He rated the pain 8 out of 10. It was noted that the knee felt unstable and gave way at times with weight-bearing. An examination of the left knee showed tenderness of the lateral joint line, mild effusion, and decreased range of motion. The treatment plan included a left total knee replacement and associated treatments. The treating physician requested the rental of a cold compress unit for two (2) weeks and the purchase of a 3-in-1 commode.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associate Surgical Service: Cold Compress Unit (2-week rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee & Leg.

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 shoulder cryotherapy. According to the ODG Knee Chapter, Continuous flow cryotherapy it is recommended immediately postoperatively for up to 7 days. In this case, the request exceeds the guideline duration and the request is not medically necessary.

Associate 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 ODG-TWC, Knee and Leg.

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 shower chairs post operatively. ODG knee is referenced. Typically, DME can be recommended, however it is note that most bathroom and toilet supplies do not typically serve a medical purpose and are primarily for convenience. Further DME is defined by its ability to be used by sequential patients in a rental capacity. In this case, the request is for purchase and is a bathroom supply. Based on this the request is not medically necessary.