

Case Number:	CM13-0059080		
Date Assigned:	12/30/2013	Date of Injury:	12/22/2004
Decision Date:	08/24/2015	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/29/2013

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: Illinois, California, Texas
 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:

This injured worker is a 54-year-old male sustained an industrial injury on 12/22/04. Injury occurred when he struck his left knee on a metal bed in an inmate cell while searching the cell. He had immediate onset of pain and swelling. He underwent anterior cruciate ligament (ACL) reconstruction in 1998, and left knee revision ACL reconstruction in 2005. The 12/5/12 left knee MRI revealed multicompartamental osteoarthritis, degeneration of the ACL graft, loose bodies and patellofemoral chondromalacia. The 6/6/13 treating physician report cited continued left knee pain with locking, catching, popping, clicking, and feelings of giving way. He had difficulty squatting, bending and kneeling with cracking and popping. Physical exam documented range of motion 0-115 degrees, positive patellofemoral crepitation, and tenderness to the patellofemoral articulation. There was positive grind test and medial and lateral joint line tenderness with stable anterior drawer and Lachman testing. The treatment plan included a left knee revision diagnostic and operative arthroscopy with loose body removal. He underwent left knee arthroscopy on 9/6/13 with operative findings of tricompartmental grade 3-4 osteoarthritis with a complex meniscal tear. Authorization was requested for a cold therapy knee pad kit, CPM (continuous passive motion) soft goods, and CPM device rental for 21 days for the knee. The 11/14/13 utilization review non-certified the request for cold therapy unit knee pad kit. There was no indication whether a cold therapy unit had been previously authorized to support the medical necessity. The request for a CPM unit for 21 days and associated soft goods was non-certified as the injured worker underwent diagnostic arthroscopy with medial meniscectomy and this was not supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy knee pad kit: 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 Chapter, 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, Continuous flow cryotherapy.

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery for up to 7 days. This request appears to be for purchase of a cold therapy system. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request for a cold therapy unit is not medically necessary.

Continuous passive motion device rental for 21 days for the knee: 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 Chapter, 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 and Leg, Continuous passive motion (CPM).

Decision rationale: The California MTUS does not provide recommendations for this device following knee arthroscopy. The Official Disability Guidelines recommend the use of continuous passive motion (CPM) devices in the home for up to 17 days for patients who have undergone primary or revision total knee arthroplasty. There is no guideline support for the routine or prophylactic use of a CPM unit following knee arthroscopy. Pre-operatively, the patient was reported with functional range of motion. There is no compelling reason to support the medical necessity of CPM for this patient. Therefore, this request is not medically necessary.

CPM (Continuous Passive Motion) soft goods: 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 Chapter, 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 and Leg, Continuous passive motion (CPM).

Decision rationale: As the associated durable medical equipment request is not supported, this request is not medically necessary.