

Case Number:	CM14-0184762		
Date Assigned:	11/12/2014	Date of Injury:	02/02/2004
Decision Date:	11/30/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/06/2014

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, Oregon, Washington
 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 71 year old female with a date of injury on 02-02-2004. The injured worker is undergoing treatment for osteoarthritis localized primary involving lower leg, internal derangement of knee, joint pain lower leg, and Genu Varum, left shoulder pain, right knee pain, left knee pain and lower back pain. A physician progress note dated 10-22-2014 documents the injured worker presents using a cane. She slipped going up stairs the previous Saturday. Her pain has increased and she has significant fluid building up. Current pain is rated 9 out of 10, and the left knee is painful as well. She stated that the low back and left knee are more painful than normal as a result of that fall. Her left shoulder is mildly painful with decreased range of motion, and trigger points. She has lower lumbosacral spine pain with mild paraspinal muscle spasm and decreased range of motion. She has radicular pain into her bilateral legs, right worse than left. Her right knee reveals ROM 10-95 degrees with mild swelling and without effusion. Medial and lateral Mc Murray test are painful. There is increased pain over the patella-femoral joint on compression. The left knee reveals global tenderness which is much worse over the medial compartment. ROM is 0-125 degrees. There is pain on medial McMurry's. There is pain on left knee patellar compression with crepitation. Total right knee replacement was discussed and will be scheduled. Treatment to date has included diagnostic studies and medications. Current medications include Vicodin. An unofficial right knee x ray done on 10-22-2015 revealed severe osteoarthritis in all three compartments, bone on bone deformity, medial compartment and mid joint effusion. On 11-06-2014 Utilization Review non-certified the request for Four Post-Operative Durable Medical Equipment: one commode, one walker, cold therapy unit (unspecified days of rental), one cold therapy pad as an outpatient for possible right total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four Post Operative Durable Medical Equipment: one commode, one walker, cold therapy unit (unspecified days of rental), one cold therapy pad as an outpatient for possible right total knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

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. Based on this the request is not medically necessary. 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 non-surgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the determination is for non-certification. The request is not medically necessary.