MAXIMUS Federal Services

Case Number:	CM13-0026385		
Date Assigned:	12/27/2013	Date of Injury:	07/12/2003
Decision Date:	02/28/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43-year-old male with date of injury on 07/12/2003. The progress report dated 09/05/2013 by [redacted] indicates that the patient's diagnoses include: Right knee chondromalacia status post arthroscopy with medial and lateral meniscectomies and loose body removal. The patient is 3Â½ months postoperative from knee arthroscopy. The patient reports that he continues to improve. He had an interruption of physical therapy while he was undergoing treatment for a kidney stone. He is now ready to continue physical therapy. Pain levels are reported as moderate, intermittent, sharp, and nonradiating. There are no reports of lower extremity neurovascular complaints. Physical exam of the right knee indicates mild swelling without erythema or ecchymoses present. A mild antalgic gait is observed. Lower extremity neurovascular exam is intact. Distal circulation is intact with distal pulses of 2+ and equal. There continues to be joint line tenderness to palpation. Patellofemoral tracking is normal. A mild strength deficit is appreciated in the quadriceps. The patient reports that the cold therapy system home unit that he was in possession of has recently ceased to function and is requesting a new version. This is reasonable as the patient will need a cold therapy for quite some time with respect to his knee. The utilization review letter dated 09/12/2013 indicates that the continuous-flow cryotherapy unit that was requested was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Continuous Flow Cryotherapy

Decision rationale: The patient continues with right knee pain that is improving and is status post surgery dated 05/22/2013. It appears the patient had a previous continuous-flow cold therapy unit at home that was no longer working and was requesting a replacement. MTUS Guidelines are silent on continuous-flow cryotherapy units. Therefore, ODG Guidelines are reviewed. ODG Guidelines recommend continuous-flow cryotherapy units for the knee as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. At the time of the request, the patient was more than 3 months status post surgery. The request for the cold therapy unit does not appear to be supported by the guidelines noted above as it is only recommended for seven days postoperatively. Recommendation is for denial.