

Case Number:	CM13-0029003		
Date Assigned:	11/27/2013	Date of Injury:	11/08/2011
Decision Date:	03/26/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/24/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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:

This case involves a 27 year-old injured male worker, with a date of injury of 11/8/11. The lumbar MRI on 12/29/11 revealed L5-S1 central disc protrusion, with mild facet hypertrophy and overall changes of mild to moderate neural foraminal stenosis bilaterally; and trace levoconvex scoliosis of lumbar spine possibly related to muscle spasm versus patient positioning. The cervical MRI on 12/29/11 revealed straightening of the expected cervical lordosis attributable to muscle spasm versus patient positioning; and trace upper cervical spine left uncovertebral hypertrophy without definite neural foraminal narrowing. The MRI of the right knee, dated 6/7/12 revealed horizontal oblique tear of the posterior horn and body junction of the medial meniscus; joint effusion; and mild chondromalacia of the patella. After failure of conservative treatment, he underwent a right knee arthroscopy and partial medial meniscectomy on 2/28/13. After surgery, he completed physical therapy (PT), and had a knee brace. He has also been treated with cortisone injection and medications. The date of the utilization review (UR) decision was 9/13/13.

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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines indicate that continuous-flow cryotherapy is "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting." As this request is for non-surgical treatment, it is not recommended. The request is not medically necessary.