

Case Number:	CM13-0039860		
Date Assigned:	12/20/2013	Date of Injury:	10/05/2011
Decision Date:	06/11/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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 is a patient with a date of injury of 10/5/11. A utilization review determination dated 9/30/13 recommends not medically necessary of contrast aqua therapy, circulating pad, knee wrap, and installation. 8/20/13 medical report identifies a history of knee arthroscopy complicated by an infection. On exam, there are 10-100 degrees of ROM with crepitation in all 4 compartments.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTRAST AQUA THERAPY WATER CIRCULATING PAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow cryotherapy. Occupational Medicine Practice Guidelines.

Decision rationale: Regarding the request for contrast aqua therapy water circulating pad, as the contrast aqua therapy is not medically necessary, this request is also not medically necessary.

CONTRAST AQUA THERAPY KNEE WRAP: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow cryotherapy.

Decision rationale: Regarding the request for contrast aqua therapy knee wrap, as the contrast aqua therapy is not medically necessary, this request is also not medically necessary.

INSTALLATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow cryotherapy.Occupational Medicine Practice Guidelines.

Decision rationale: Regarding the request for installation, as the contrast aqua therapy is not medically necessary, this request is also not medically necessary.

CONTRAST AQUA THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow cryotherapy.

Decision rationale: Occupational Medicine Practice Guidelines.

Regarding the request for contrast aqua therapy, California MTUS and ACOEM support the use of at-home local applications of cold packs in first few days of acute complaints followed by applications of heat packs. ODG notes that continuous-flow cryotherapy is recommended as an option for up to 7 days after surgery, but not for nonsurgical treatment. Within the documentation available for review, there is no documentation of a recent or pending knee surgery and a rationale identifying the medical necessity of this device rather than the use of simple cold/hot packs as recommended by the CA MTUS and ACOEM. In light of the above issues, the currently requested contrast aqua therapy is not medically necessary.