

Case Number:	CM13-0040355		
Date Assigned:	12/20/2013	Date of Injury:	03/01/2011
Decision Date:	04/23/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is Board Certified in Orthopaedic Surgery 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 56 year-old female sustained an industrial injury on 3/1/11. She underwent right knee diagnostic arthroscopy of the right knee on 1/15/13 with arthroscopic partial medial and lateral meniscectomy, chondroplasty of the medial and lateral femoral condyle, patelloplasty, partial synovectomy, and removal of loose bodies. The patient continued to experience right knee pain and grinding. The 9/12/13 treating physician report indicated that the patient was doing poorly with locking and catching of her right knee. Exam noted medial joint line tenderness about the right knee with a positive McMurray's sign. MRI findings showed a recurrent medial meniscus tear. The patient had failed conservative treatment including physical therapy, injections, medications, bracing, and rest. A diagnostic and operative arthroscopy of the right knee with medial meniscus repair was recommended. Additional requests included 12 sessions of postoperative physical therapy, cold therapy unit purchase, and SS4 electrical stimulation unit. The 10/4/13 utilization review certified the requested arthroscopic procedure, partially certified 6 initial post-operative physical therapy visits, partially certified the cold therapy unit for 7 days rental, and non-certified the request for the SS4 electrical stimulation unit.

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 and Leg Chapter, Online Version

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: Under consideration is a request for purchase of a cold therapy unit. The California MTUS guidelines do not address cold therapy units. The Official Disability Guidelines recommend continuous cold therapy as an option after knee surgery. Guidelines state that post-operative use generally should be no more than 7 days, including home use. This patient was approved for a diagnostic and operative arthroscopy of the right knee with a medical meniscus repair. The purchase of a cold therapy unit was requested for post-op use and certified with modification to 7-day rental. There is no rationale presented by the treating physician to support the medical necessity of continuous cold therapy beyond the guideline recommended 7 days use. Therefore, this request for cold therapy unit purchase is not medically necessary.