

Case Number:	CM13-0042180		
Date Assigned:	12/27/2013	Date of Injury:	11/20/2002
Decision Date:	04/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/17/2013

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 and Pain Management, 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 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

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 64-year-old male with date of injury of 11/20/2002. The listed diagnoses per [REDACTED] dated 08/12/2013 are: 1. Arthritis, AC joint primary on the left 2. Bursitis of the shoulder, left 3. Left impingement syndrome 4. Left torn rotator cuff 5. Effusion of the knee 6. Internal derangement of the knee 7. Patella chondromalacia 8. Osteoarthritis, DJD of the knee According to the progress report dated 08/12/2013 by [REDACTED], the patient continues to complain of pain in the left shoulder which seems to be worsening. He has been able to continue working but notes discomfort with reaching at or above shoulder level. He also reports some aching discomfort in the knee which is somewhat diffused. It is exacerbated by activity and relieved by rest. He denies any radiation of the pain. The physical examination of the right knee shows there is some mild bony edema and mild thickening secondary to periarticular osteophytes. There is mild tenderness to palpation about the patella and along the joint line. There is no instability to varus or valgus stress testing. The treater reviewed the x-ray report dated 08/12/2013 and mentions that some calcification of the cartilage is consistent with chondrocalcinosis. The treater is requesting a [REDACTED] hot/cold unit purchase and 12 postop physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Hot/Cold unit purchase:** Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & Leg, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

Decision rationale: The patient presents with chronic right knee pain. This patient is status post right knee arthroscopic repair internal derangement from 10/25/2013. The treater is requesting a hot/cold unit purchase. The utilization review dated 09/27/2013 modified the request to a 7-day rental. The MTUS and ACOEM Guidelines are silent when it comes to this request. However, ODG Guidelines recommend at-home local applications of cold pack in the first few days of acute complaints, thereafter applications of heat packs. Additionally, in post-operative settings, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries has not been fully evaluated. ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. Furthermore, a study concluded that continuous cold therapy devices compared to simple icing resulted in much better nighttime pain control and improved quality of life in the early period following routine knee arthroscopy. In this case, the patient underwent a recent right knee arthroscopic repair internal derangement on 10/25/2013 and can benefit from a hot/cold therapy to reduce inflammation and increase circulation. The Utilization Review (UR) already modified the request for 7 days consistent with ODG guidelines. A purchase is not necessary and not consistent with the guidelines. Recommendation is for denial.

Post-operative physical therapy sessions, three times a week for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

Decision rationale: This patient presents with chronic right knee pain. This patient is status post right knee arthroscopic repair internal derangement from 10/25/2013. The treater is requesting 12 postoperative physical therapy sessions. The utilization review modified the request to 6 physical therapy sessions. The MTUS post-operative guidelines page 24 and 25 recommends 12 visits over 12 weeks for derangement of meniscus as well as chondromalacia of the patella. Review of 58 pages of records do not show any recent or prior physical therapy reports to verify how much treatments and with what results were accomplished. In this case, the request for 12 visits is within the MTUS post-operative guidelines for this condition. Therefore, recommendation is for authorization.