

Case Number:	CM13-0042996		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2013
Decision Date:	04/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/22/2013

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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 23-year-old male with a date of injury of 05/29/2013, mode of injury was not provided in documentation. The patient has diagnoses of status post right knee arthroscopy, lateral meniscectomy, and extensive debridement. The patient was seen on 11/17/2013 for a post-op follow-up appointment. The patient was 5 weeks post-op from recent knee arthroscopy. The patient was noted to be taking ibuprofen 800 mg. Upon examination of the right knee, the patient had guarding with range of motion testing. The physician noted anterior drawer test was negative, Lachman's test was negative, and pivot shift test was negative, McMurray's sign test negative, no pain or instability with valgus or varus stress. On neurological examination, the physician states no significant abnormalities; motor strength in the major muscle groups is 5/5 in Final Determination Letter for IMR Case Number CM13-0042996 3 all the tested groups. Sensation is equal to the opposite side and reflexes were equal bilaterally. The physician's impression at this appointment was status post right knee arthroscopy, lateral meniscectomy, and extensive debridement. The physician stated the patient is continuing physical therapy for postsurgical rehab program to include range of motion and strengthening. Medication was discussed with the patient and he was prescribed Norco 5/325mg to help with pain control and to help him sleep. He was recommended to return to the office in 3 to 4 weeks. A cold therapy unit was requested at the time the surgery was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) KNEE & LEG, CONTINUOUS-FLOW CRYOTHERAPY

Decision rationale: The patient was seen on 11/17/2013, 5 weeks post-op from status post right knee arthroscopy, which entailed lateral meniscectomy, extensive debridement. The patient had complaints of pain which the physician did address and prescribed Norco 5/325mg to address this issue. The patient at this time was attending physical therapy and had their first visit, which they noted to be painful. On examination, the physician noted the patient was guarding with range of motion testing. Official Disability Guidelines note that continuous flow cryotherapy is not recommended outside the postsurgical setting. In the postsurgical setting, continuous flow cryotherapy has been proven to decrease pain, inflammation, swelling, and narcotic use, however the effect on more frequently treated acute injuries in the ankle and foot have not been fully evaluated. The patients surgery was 11/17/2013, which would be beyond the 7 day post-operative period the requested unit is indicated for. Per the guidelines and the documentation provided the patient is not in a postoperative phase. Therefore, the request is non-certified.

ONE (1) PAD: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested primary requested cold therapy unit is not supported by the documentation, the requested ancillary service is also not supported. Therefore, the request for One (1) pad is non-certified.