

Case Number:	CM13-0044264		
Date Assigned:	12/27/2013	Date of Injury:	07/28/2013
Decision Date:	04/18/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/28/2013

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 Orthopedic 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:

Patient is a 64-year-old with an industrial injury July 28, 2013. Chief complaint is left knee pain. MRI from September 13, 2013. demonstrates a large tear in the meniscus. There is a small focus of the cartilage thinning over the lateral tibial plateau. There is adema like marrow signal intensity within the lateral femoral condyle that may be due to bone bruise or reactive degenerative change. Exam notes from September 27, 2013 demonstrate constant pain in the left knee rated 10/10. Pain is mostly on the anterolateral knee. Exam reveals tenderness over the lateral joint line. Extension was 0 degrees and flexion was 90 degrees. McMurrays test caused significant pain at the lateral joint. Diagnosis was a left knee lateral meniscus tear. Exam notes from December 20, 2013, demonstrate patient has significant pain in her left knee, still a 10/10. Patient has fallen a couple of times because the knee give way often. Request for cold therapy unit for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition, 2008 Revision), pages 1015 - 1017, as well as the Official Disability Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Continuous-Flow Cryotherapy Section.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG criteria, continuous flow cryotherapy is not recommended for nonsurgical treatment. The records show that this is a nonsurgical request for the left knee. The request for a cold therapy unit for the left knee is not medically necessary or appropriate.