MAXIMUS Federal Services

Case Number:	CM13-0055838		
Date Assigned:	12/30/2013	Date of Injury:	08/04/2012
Decision Date:	06/04/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/21/2013

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:

The records reflect that this is a 22-year-old individual who had a knee injury noted to be a patellar subluxation. Initial clinical care was delivered at the hospital and the knee had relocated and appropriate conservative care was rendered. The knee complaints continued and multiple orthopedic evaluations were completed. Imaging studies noted osteophytic changes and no acute osseous abnormalities. Multiple interventions to include functional capacity evaluations were completed. An impairment rating was assigned. It has imaging study of the knee noted an internal degenerative signal in both the medial lateral meniscus. There is no noted edema or other markers of acute injury on the T2 weighted studies. A lateral subluxation of the patella was reported. Multiple conservative interventions are noted to include topical preparations and oral medications. A review of the medical records indicates that there was care delivered for treatment of maladies noted prior to the date of injury. Multiple sessions of physical therapy were completed. The records reflect that a request for 30 day cold compression device was modified to 7 days and the 7 day application was certified. A follow-up orthopedic examination noted a diagnosis of symptomatic chondromalacia and patellofemoral instability. Surgery was scheduled for November 11, 2013. A partial lateral meniscectomy and synovectomy was completed on this date. There were some difficulties completing the postoperative rehabilitative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY RENTAL OF COLD PNEUMATIC COMPRESSION THEAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternative Guidelines, Continuous-flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: When noting the date of injury, the date of surgery, and the surgery completed, any specific criterion for such a device as outlined in the ACOEM durable medical equipment chapter, there is insufficient clinical data presented to suggest there is any need for a compressive arrow therapy for 30 days. A 7 day trial can be supported, and apparently was. However, as noted this type of therapy is not indicated for the surgery completed or for more than 7 days. Therefore, based on the data presented, this request is not certified.