

Case Number:	CM13-0059582		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2011
Decision Date:	05/06/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine; Pulmonary Diseases 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 injured worker is a 52 year old female with a reported date of injury on 11/07/2011. The mechanism of injury was not provided in the medical records for review. The clinical note dated 10/21/2013 noted that the injured worker reported pain that was sharp, stabbing, aching and was described as severe with profound limitations that was aggravated by prolonged standing, walking, stair climbing, kneeling, squatting, ambulation over uneven surfaces. The injured worker reported that there were popping, giving way, locking, and swelling in her knee the injured workers medication regimen included Vicodin, Duexis, and Xanax. No physical findings of range of motion, flexion were documented. The injured worker had diagnoses including hypothyroidism, arthritis; knee-lateral compartment, right meniscal tear-lateral: chondromalacia knee right: plica syndrome right. The clinical note referenced an MRI from 02/28/2012, impression: findings consistent with subchondral insufficiency fracture and possible development of ischemia/osteonecrosis in the lateral tibial plateau, Evidence of prior partial lateral meniscectomy with residual grade 3 signal, Severe lateral compartment arthrosis, no medial meniscal rear, moderate patellofemoral chondromalacia, mild scarring of the proximal medial and fibular collateral ligaments, small joint effusion with synovitis, small popliteal cyst. CT of the knee dated 10/16/2013 revealed tricompartmental osteoarthritis of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & 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 & LEG (ACUTE & CHRONIC), CONTINUOUS-FLOW CRYOTHERAPY

Decision rationale: The Official Disability Guidelines note cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. The guidelines recommend postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The documentation provided did not indicate if the request would be for use daily use at that time or if it was a request for the pending surgery that the injured worker/physician talked about in the medical record dated 10/21/2013 that the patient/physician was waiting for the request for. The number of days of use were not included for the use or for what body part. Therefore the request is non-certified.