

Case Number:	CM13-0060192		
Date Assigned:	12/30/2013	Date of Injury:	06/06/2012
Decision Date:	04/04/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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:

This is a 65-year-old male patient with a date of injury 06/06/2012. The patient is a status post left knee arthroscopy, partial medial meniscectomy, abrasion chondroplasty. The request is for a hot/cold circulating pump with a wrap and the rationale is to reduce the traumatic pain and help improve the patient's condition. The mechanism of injury was that the patient was closing the back roll-up door of a trailer and bent down to lock the door. He then felt a sharp pain to his right knee. On 06/06/2012, he was then rear-ended by a truck and caused injuries to his neck, both shoulders, and low back. MRI of the right knee on 06/14/2012 revealed a grade 3 abnormality of the posterior horn of the medial meniscus as well as posterior horn of the lateral meniscus consistent with tearing. An MRI of the left knee on 08/07/2012 showed grade 3 abnormality of the posterior horn of the medial meniscus representing a tear. The lower motor strength on the right side was 5/5 and for the left side, 3/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

A hot/cold therapy unit with wraps and circulating pumps (4 month rental): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

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

Decision rationale: The ODG state that cold therapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. On 12/16/2013, the patient presented complaining of dull and aching pain in bilateral knees, which was frequent and moderate. The ODG do recommend continuous flow cryotherapy as an option after surgery; limited up to 7 days including home use. However, the request for 4 months rental would exceed the recommended 7 days per Guidelines. As such, the request for the Hot and Cold Therapy unit with wraps and circulating pumps x 4 months rental is non-certified.