MAXIMUS Federal Services

Case Number:	CM13-0063612		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2010
Decision Date:	06/13/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/10/2013

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, has a subspecialty in Sports Medicine, 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 claimant is a 51-year-old gentleman who sustained an injury to his left knee when he twisted it getting off of an airplane on May 1, 2010. The medical records provided for review document that the claimant has had three surgeries; July 2010, March 2011 and September 2011. All of the surgeries included arthroscopy. The fourth surgery consisted of an ACL reconstruction on June 14, 2012. Currently, the claimant has continued and increased pain in the knee despite conservative care including corticosteroids and physical therapy. A recommendation was made for an additional surgery under anesthesia for a left knee lateral retinacular release. This surgery was denied by Utilization Review on January 13, 2014. At present, there is no documentation that the surgery has been approved or performed. This review is for perioperative request for a cryotherapy device in the postoperative setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE COLD THERAPY UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Updates, Knee Procedure Chapter, Continuous-Flow Cryotherapy Section.

Decision rationale: Based on the Knee Complaints Chapter of the ACOEM Practice Guidelines and supported by the Official Disability Guidelines, cryotherapy device would not be indicated. The request is for postoperative use of a cryotherapy device for a requested left knee arthroscopy and lateral retinacular release. At present, the role of surgery has not been supported. In addition the length of time for use of the postoperative cold therapy unit is not identified. The request for post operative cold therapy unit is not medically necessary or appropriate.