

Case Number:	CM13-0064504		
Date Assigned:	01/03/2014	Date of Injury:	12/30/2008
Decision Date:	05/08/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 Neurology and is licensed to practice in Arizona. 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:

This is a 64-year-old female who sustained an injury to her knees when she slipped down a set of stairs, landing onto both her knees on 12/30/08. She has undergone a right total knee replacement in May of 2013 in which she has undergone rehabilitative therapy and has osteoarthritis of the left knee. An MRI dated 9/24/13 delineating degenerative bone changes with osteochondral defects involving the medial tibial plateau, medial femoral condyle; additionally, she has degenerative bone and cartilaginous changes involving the patella with findings consistent with a chondromalacia patella. On the most recent Progress Reports dated Oct 4, 2013 and Nov 11, 2013, the patient reports she is having more pain in her left knee, which it is worse upon walking long distance and stooping with her pain at 8/10 on the 1 to 10 pain scale. On examination, she walks with an antalgia gait favoring her left knee using a single crutch. Documented range of motion is from 0 to 125 degrees, she has slight pseudo laxity to valgus stress and medial side pain and crepitation to motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

A COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. 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. With the request for outpatient use and her post-operative for her right knee arthroplasty by nearly 1 year, I find the request does not meet the ODG guidelines for the use of continuous flow cryotherapy and is therefore not medically necessary