

Case Number:	CM13-0068651		
Date Assigned:	01/03/2014	Date of Injury:	06/29/2012
Decision Date:	06/04/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 39-year-old male who reported injury on 06/29/2012. The mechanism of injury was the injured worker was assisting police in fire, getting gasoline out of a damaged tanker truck. There was rebar sticking out of the ground and the injured worker was pulling an air line from the service truck, was walking backwards and hit something with the back of his heel. He underwent surgery on 11/18/2012 for a torn meniscus. He underwent a left knee arthroscopy with partial medial meniscectomy and medial and lateral meniscectomy and chondroplasty in 06/2013. Prior treatments include physical therapy, activity modification and medication. The documentation of 11/25/2013 revealed a diagnosis of right knee internal derangement with meniscus tear. The treatment plan included a right knee arthroscopy with debridement, a Thermocool Hot and Cold Contrast therapy with compression for 60 days for pain control, reduction of inflammation and increased circulation. It was indicated this multimodality treatment is preferred over simple ice and heat packs for the additional benefit of compression as well as increasing patient compliance and the regulation of temperature preventing over icing and overheating which could cause tissue damage. Additionally the request was made for Combo Care 4 Electrotherapy, 30 days of continuous passive motion, deep vein thrombosis prophylaxis and crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMOCOOL HOT AND COLD CONTRAST THERAPY WITH COMPRESSION-RENTAL 60 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation KNEE COMPLAINTS, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2008, PAGES 1015-1017; ODG KNEE AND LEG (UPDATED 6/7/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG CHAPTER, CONTINUOUS FLOW CRYOTHERAPY, COMPRESSION GARMENTS, GAME READY.

Decision rationale: ACOEM Guidelines indicate at home applications of cold packs in the first few days in acute complaint is appropriate, thereafter application of heat packs. It was indicated this would be for postoperative care and the request was for postoperative care. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended after surgery for up to 7 days including home use. Additionally they indicate that compression garments are recommended, which would include compression stockings not a compression device. Additionally, they indicate, as did the ACOEM Guidelines, that cold packs decrease swelling and heat packs had no beneficial effect on edema compared with placebo or cold application. While it was indicated the physician opined the injured worker had a necessity for 60 days of Thermocool Hot and Cold Contrast therapy with compression, there was a lack of documentation indicating a necessity to exceed guideline recommendations. Additionally, there is a lack of documentation indicating a necessity for 60 days of treatment. Given the above, the request for Thermocool Hot and Cold Contrast therapy with compression rental 60 days is not medically necessary.