

Case Number:	CM13-0069355		
Date Assigned:	12/24/2013	Date of Injury:	06/17/2008
Decision Date:	01/23/2014	UR Denial Date:	12/13/2013
Priority:	Expedited	Application Received:	12/23/2013

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 and Rehabilitation 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 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 male sustained a knee injury on 6/17/08 while employed by [REDACTED]. Report dated 10/31/13 by [REDACTED] noted the patient complained of worsened knee pain at the medial aspect, muscle spasm at lateral aspect that radiated to the left hip and ankle, limited range of motion when weight bearing with catching. Exam indicated ambulating with a limp, left knee incisions clean, dry, and intact; mild crepitation; ROM of 140/0 flexion/extension degrees; bilateral lower extremity strength and neurovascular exams were normal. Treatment included cortisone injection and the patient also used a cold therapy ice machine. Letter of 11/22/13 noted patient with significant post-operative tricompartmental osteoarthritis with associated chondromalacia and synovitis. Current medications include NSAIDs, Percocet, Voltaren-XR, Diclofenac Sodium, Zofran, Hydrochlorothiazide, and Lisinopril. Treatment was for a cold therapy unit purchase. Surgical history include 10/6/10 with knee arthroscopy, synovectomy, microfracture trochlear groove and medial femoral condyle, resection of Hoffa's disease with partial lateral meniscectomy; Report dated 1/7/11 and operative report dated 1/6/12 documented left knee arthrotomy with trochlear groove Carticel implantation and medial femoral condyle implantation. Request for Cold therapy unit purchase was non-certified on 12/23/13 by physician reviewer, [REDACTED], citing guidelines criteria and lacking medical indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT cold therapy unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition (2008), pages 1015-1017; and the ODG Knee & Leg, Continuous-flow cryotherapy.

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: This 47 year-old male sustained a knee injury on 6/17/08 with continued complaints of medial and lateral knee pain with muscle spasm and radiation to left hip and ankle. Treatment has included medications, cortisone and Supartz injections, unloading brace, extensive post-operative physical therapy along with cold therapy ice machine for diagnoses of tricompartmental osteoarthritis with associated chondromalacia and synovitis. The patient has underwent several knee arthroscopies with operative report dated last performed on 1/6/12 documenting left knee arthrotomy with trochlear groove Carticel implantation and medial femoral condyle implantation. Request for Cold Therapy Unit purchase was non-certified, citing guidelines and medical indication. From the submitted reports, there is no documentation on how often the unit will be or was used, short-term or long-term goals of treatment with the Purchase of Cold Therapy Compression unit nor is there any evidence to include change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from treatment already rendered. MTUS Guidelines is silent on specific use of cold compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post knee surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. Reported knee arthroscopy was last note in January 2012, over 2 years ago. The URGENT Cold Therapy Unit for purchase is not medically necessary and appropriate.