

Case Number:	CM13-0070095		
Date Assigned:	06/11/2014	Date of Injury:	01/26/2012
Decision Date:	08/01/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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, has a subspecialty in Pain 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:

This is a 46-year-old female who sustained a remote industrial injury on 01/26/12 diagnosed with right knee arthroscopy with partial meniscectomy and Chondroplasty. The mechanism of injury is not specified. The most recent progress note provided is 12/03/13. The patient has completed ten visits of physical therapy and reports she is slowly improving after her surgery. Physical exam findings reveal decreased range of motion of the right knee and a manual muscle testing score of 3/5. The current medications are not listed but a prior progress note highlights the patient was taking Naprosyn and Omeprazole. It is noted that the treating physician is requesting more physical therapy sessions. A psychosocial pain medication progress report, dated 01/16/13, is the most recent note provided but does not address the request for a cryotherapy unit or perform a physical exam related to the patient's subjective complaints. The provided documents include several previous progress reports, laboratory reports, an ultrasound report, urine toxicology reports, a functional capacity evaluation report, surgery consultation reports, and an operative report detailing the right knee surgery. The patient's previous treatments include right knee arthroscopy on 10/24/13, physical therapy, acupuncture therapy, a cortisone injection, and medications. Imaging studies provided include a chest X-ray, performed on 08/07/13, which reveals unremarkable findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERMITTENT COLD THERAPY LIMB COMPRESSION DEVICE W/DVT (HCPC E0673): Upheld

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

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

Decision rationale: According to the ODG Guidelines, 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 this case, the patient did undergo a right knee arthroscopy, but the treating physician did not provide a rationale for this request, specifying a treatment plan for when this unit would be used. The ODG also highlights that there is no high-grade evidence to support the use of a continuous-flow cooling system as more effective than a basic ice pack beyond convenience and patient compliance. Furthermore, whether this request is for a rental or purchase of a unit and the duration of use is not specified in this request. As such, medical necessity is not established. Therefore, intermittent cold therapy limb compression device w/DVT (HCPC E0673) is not medically necessary.