

Case Number:	CM14-0100667		
Date Assigned:	07/30/2014	Date of Injury:	07/07/2013
Decision Date:	10/22/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/30/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 34-year-old male who reported a work related injury on 07/07/2013 due to the injured worker spraying a nest, and wasps flew out towards the injured worker. The injured worker took a step back onto the cable and slipped but prevented himself from falling by putting all weight on the right foot, at which time the injured worker felt a pumping sensation in the right knee. The injured worker's diagnoses consist of a right knee sprain/strain and right knee chondromalacia patella. Past treatment has included rest, medication, physical therapy and acupuncture. Diagnostic studies included an MRI dated 05/13/2014 that was noted to be inconclusive. The injured worker has no prior surgical history; however, the provider has recommended right knee arthroscopy, possible chondroplasty, removal of loose bodies and probing of the articular cartilage of the menisci. Upon examination on 05/19/2014, the injured worker complained of constant right knee pain which he rated as 7/10 to 8/10 on a VAS pain scale, with radiation to the right lower extremity. He also reported catching, clicking and giving away episodes as well as intermittent swelling. Additionally, the injured worker reported grinding and a sensation of intermittent locking. It was also noted that the injured worker continued to manifest small to medium effusion, and positive patellofemoral grind as well as a medial and lateral joint tenderness. His knee was stable to valgus and varus tests at 0 degrees and 30 degrees. Anterior and posterior drawer tests were negative. Medications included anti-inflammatory, Naproxen and topical creams which provided incomplete relief. Treatment plan consisted of a right knee arthroscopy with possible chondroplasty, removal of loose bodies and probing of the articular cartilage as well as the menisci, and a cold therapy unit for 30 days following, used to help the injured worker recover from the surgical procedure. The rationale for the request was post-surgical intervention. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit for 30 days: 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), Shoulder, Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy 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 uses; however, the effect on more frequently treated acute injuries such as muscle strains and contusions has not been fully evaluated. Continuous flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. In regards to the injured worker, there was a request for the injured worker to undergo a right knee arthroscopy with possible chondroplasty removal of loose bodies and probing of the articular cartilage as well as the menisci. However, the approval for this surgery was not provided for review. Without the approval for the right knee arthroscopy, the medical necessity of a cold therapy unit would not be met. Additionally, the request for a cold therapy unit for 30 days exceeds the guidelines' recommended usage. As such, the request for Cold Therapy Unit for 30 days is not medically necessary.