

Case Number:	CM14-0107715		
Date Assigned:	08/01/2014	Date of Injury:	04/25/2010
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/11/2014

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 Orthopaedic Surgery 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 case involves a 56-year-old female who sustained an industrial injury on 4/25/10, relative to a trip and fall. The 4/26/10 left knee x-rays showed mild degenerative changes in all three compartments. Conservative care included activity modification, physical therapy, and medications. The 9/6/13 left knee MRI showed intra-meniscal degenerative changes and a small effusion. The globular increased sign in the posterior horn of the medial and lateral menisci were most consistent with degeneration, but tears could not be excluded. The 5/8/14 treating physician report indicated the patient had on-going symptoms. The physical examination documented mild swelling and small effusion left knee. Range of motion was normal but there was end-range pain and the McMurray's test was positive. Collateral and cruciate ligaments were stable. Surgical intervention was recommended. The 6/5/14 utilization review approved a request for left knee arthroscopy with partial lateral meniscectomy, possible debridement and chondroplasty, and possible partial synovectomy. The request for cold compression Polar care unit for an unspecified duration was modified to 7-days rental consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental - Cold Compression/Polar Care Unit - Unspecified duration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 11th Edition (web) 2014 Treatment Section for the Knee: 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 and Leg, Cold compression therapy, Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold compression units. The Official Disability Guidelines (ODG) states that cold compression therapy is an option after knee surgery. In general, guidelines recommend continuous flow cryotherapy systems for up to 7 days post-operative use. The 6/5/14 utilization review decision modified the request for a cold compression/Polar Care unit for unspecified duration to a 7-day rental. Although cold compression therapy is an option, there is no specified duration of use to establish medical necessity. There is no compelling reason to support the use of additional cold therapy beyond that already certified. Therefore, this request for rental of a cold compression/Polar Care unit for unspecified duration is not medically necessary.