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| Case Number: | CM14-0010431 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 07/03/2011 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 12/28/2013 |
| Priority: | Standard | Application Received: | 01/24/2014 |

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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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 claimant, a 49-year-old female, was injured in a work related accident on 07/03/11. Medical records provided for review specific to the claimant's right knee include an 11/27/13 progress report documenting a diagnosis of right knee medial meniscal tear. It was noted that a corticosteroid injection provided at the previous visit provided only temporary relief. Physical exam showed +2 tenderness to palpation over the medial joint line, tenderness over the lateral joint line, positive McMurray's testing, 0 to 120 degrees range of motion, and no effusion. The report documented that failed conservative care had included physical therapy, activity restrictions, corticosteroid injections, and medications and that knee arthroscopy and partial meniscectomy was recommended. The report of a right knee MRI dated 9/28/12 showed an abnormality at the posterior horn of the medial meniscus representing an oblique tear. Collateral ligaments and cruciate ligaments were intact. The medical records did not contain any documentation of other imaging or prior surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP COLD THERAPY UNIT RENTAL, #20 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment In Worker's Compensation (ODG-TWC).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Continuous-flow cryotherapy

Decision rationale: The Knee Complaints Chapter ACOEM Guidelines supported by Official Disability Guidelines criteria would not recommend the use of a cryotherapy device for 20 days. The ACOEM Guidelines support the application of cold packs topically and the Official Disability Guidelines only recommend the use of cold therapy for seven days following acute surgical process. The request for a 20 day rental would exceed the guideline criteria and would not be supported; therefore the request is not medically necessary.