MAXIMUS Federal Services

Case Number:	CM14-0013807		
Date Assigned:	02/26/2014	Date of Injury:	08/05/1997
Decision Date:	12/10/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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 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:

54 year old male claimant with an industrial injury dated 08/05/97. MRI of the left knee dated 06/18/13 reveal a tear in the posterior inferior margin of the medial meniscus and grade II signal in the lateral meniscus. MRI of the right knee dated 06/21/13 reveals an abnormality of the posterior horn of the medial meniscus representing meniscal degeneration with an overlying tear. Exam note 12/09/13 states the patient returns with right knee pain. The patient also complains of mechanical symptoms. Conservative treatments have included physical therapy, chiropractic care, acupuncture, medications, bracing, and a cortisone injection. Upon physical exam there was medial joint line tenderness along the right knee. Range of motion of the right knee is noted as a flexion of 130', and an extension of 10'. There was also tenderness along the medial and lateral joint lines of the left knee. The left knee demonstrated spasms, and swelling over the patella. Muscle strength is noted as a 4/5. Range of motion of the left knee is noted as a flexion of 120', and extension 10'. Range of motion was restricted with pain, and spasms. Diagnosis is noted as a right knee meniscal tear, left knee internal derangement, and left knee medial meniscus tear. Treatment includes a right knee arthroscopy with partial meniscectomy, physical therapy, and a right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for purchase: 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: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, knee and leg chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the request for cold therapy unit for purchase is not medically necessary and appropriate.