MAXIMUS Federal Services

Case Number:	CM14-0014350		
Date Assigned:	02/28/2014	Date of Injury:	11/08/2011
Decision Date:	06/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	02/04/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 46-year-old male with a reported injury date on 11/08/2011. The mechanism of injury was not provided. The injured worker's diagnosis included right knee osteoarthritis. An official MRI dated 11/01/2013, was noted to reveal a chronic ACL tear, severe degenerative osteoarthritis involving the medial knee joint, and degenerative osteoarthritis within the peripheral lateral knee joint. A clinical note dated 12/21/2013 noted, that the injured worker had complaints of right knee pain. Upon examination it was noted that the injured worker had significant medial joint line tenderness and some mild lateral joint line tenderness. It was also noted that the range of motion was measured from 0 degrees to 120 degrees with overall strength of 5/5. It was also noted that there was no varus or valgus instability, negative Lachman's, negative anterior drawer, negative posterior drawer, and normal sensations throughout. The treatment plan noted that the physician was hesitant to proceed with a total knee arthroplasty. It was the physician's opinion that the injured worker proceed with a right knee ACL knee construction with unicompartmental arthroplasty. The Request for Authorization asking for a cold therapy unit was submitted on 12/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT: 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 request for a cold therapy unit is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that anterior cruciate ligament reconstruction is generally warranted for injured workers who have significant symptoms of instability. This includes a history of frequent giving way episodes or falls during activities that involve knee rotation. In addition, the physical exam would reveal clear signs of instability as shown by positive Lachman's, drawers, and pivot shift tests. The Official Disability Guidelines state that continuous flow cryotherapy units may be recommended as an option for surgery, but not for nonsurgical treatment. Although, the use of a cryotherapy unit would be justified for up to 7 days following surgical repair of the knee. However, there is a lack of evidence of symptomatology to suggest that the injured worker would be an ideal candidate for ACL repair. Additionally, the physician did not provided a rationale for the requested device. Furthermore, the request is unclear as to how long the requested device is to be utilized. As such this request is not medically necessary.