

Case Number:	CM14-0016517		
Date Assigned:	04/11/2014	Date of Injury:	06/04/2013
Decision Date:	05/28/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/10/2014

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:

The claimant is a 40-year-old gentleman who was injured on June 4, 2013 sustaining injury to the right knee. The records indicate he is status post a prior right knee arthroscopic meniscectomy performed in 2012 predating this injury. Since the time of this injury, he has undergone an MR arthrogram which was performed on October 29, 2013 showing evidence of prior lateral meniscectomy with osteoarthritic changes involving the lateral greater than medial compartments with full thickness cartilage loss to the lateral compartment. Clinical follow-up of December 20, 2013 indicated no change in current complaints with continued complaints of pain. Based on failed conservative care that included physical therapy and anti-inflammatory agents, a diagnostic arthroscopy with chondroplasty and possible microfracture procedure was recommended. Physical examination was last performed on September 10, 2013 where there was lateral joint line tenderness, positive patellar compression, full range of motion and no effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT, RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: ODG-TWC, ODG Treatment Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic) Workers' Compensation Final Regulations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-339.

Decision rationale: The Expert Reviewer's decision rationale: California ACOEM Guidelines would not support the role of a cryotherapy device. The need for this individual's surgical process has not been established, thus negating the need for postoperative use of cryotherapy or any form of DME. The cold therapy unit, right knee is not medically necessary.