MAXIMUS Federal Services

Case Number:	CM14-0016742		
Date Assigned:	04/11/2014	Date of Injury:	02/06/2012
Decision Date:	05/29/2014	UR Denial Date:	01/15/2014
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 Occupational Medicine 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 patient is a 53 year old female who was injured from 03/01/2010 to 02/06/2012 with multiple injuries. Prior treatment history has included 27 physical therapy sessions; 26 chiropractic sessions; 24 occupational therapy sessions; and 16 sessions of acupuncture. The patient has received a Toradol injection and has also had medication therapy including Neurontin, Cymbalta, and Xanax. The patient underwent left knee arthroscopic surgery on 01/11/2014. Diagnostic studies reviewed include x-ray of the left knee dated 07/18/2012 reveals a diffuse soft tissue swelling seen over the knee; however, no acute fractures or subluxations are identified at this time. There is moderate narrowing of the joint space medially with minimal varus deformity. MRI of the left knee dated 06/29/2012 demonstrates an oblique tear of the body and posterior horn of the medial meniscus; tear of the medial meniscal root with 5.5 mm of medial extrusion of the body; a tricompartmental chondromalacia; chondral defects within the patellofemoral and medial tibiofemoral apartments with adjacent marrow edema. There is joint effusion and a Baker's cyst. There are no other significant findings noted. PR2 dated 02/24/2014 reports the patient is status post left knee medial meniscus repair surgery. She complains of severe pain in the left knee. She ambulates with the use of crutches which cause pain in her armpits. The patient uses crutches for ambulation 8 hours a day. On examination of the left knee, there is slight edema noted with no signs of frank infection. Palpation reveals tenderness over the joint. Range of motion reveals flexion of 70 degrees to 80 degrees and extension of zero degrees with complaints of pain in all planes; McMurray's test is negative; Valgus/varus stress test is questionable. Diagnoses are contusion/sprain of the left knee; medial meniscal tear of the left knee; status post medial meniscus tear repair surgery of the left knee; and DJD bilateral knees. PR2 dated 01/16/2014 reports the patient presents with complaints of post-op

moderate pain in the left knee. She states the prescribed medications have been helping her and reports getting benefit from the IF-4 unit at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines, Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG) Knee & Leg, Continuous-Flow Cryotherapy.

Decision rationale: The California MTUS guideline does not discuss the issue in dispute. According to the ODG, continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. The medical records document the patient underwent left knee arthroscopy for meniscal repair dated 1/11/2014. As the patient is 4 months post-surgical intervention of the left knee, which exceeds the target time for the requested treatment modality, the request is not medically necessary.