

Case Number:	CM14-0017863		
Date Assigned:	04/21/2014	Date of Injury:	06/06/2013
Decision Date:	07/14/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal 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 33 year old male who was injured on 06/06/2013 while being involved in a physical altercation with an inmate taking him down when his left knee hit the hard dirt on impact. His diagnoses include left knee patellofemoral chondromalacia, and left knee quadriceps tendinosis with atrophy. Prior treatment history has included the patient undergoing examination of the left knee under anesthesia with arthroscopy of the left knee and synovectomy. Arthroscopic evaluation revealed a slight synovitis particularly in the lateral gutter. The medial gutter was normal as was the plica. The patellofemoral articulation was normal with normal patellar tracking. There was absence of any abnormalities in the suprapatellar pouch. The medial compartment was carefully evaluated and was found to be normal including the meniscus and articular surfaces. The intercondylar notch demonstrated as intact PCL/ACL. The patient received postoperative physical therapy 6 sessions as well as cold therapy. Comprehensive Initial Orthopedic Consultation dated 09/23/2013 documented the patient with complaints of left knee pain which is intermittent, dull, achy and is sharp at times but denies radiating pain. He has increased pain when standing too long and is limited to standing or walking for one hour before he needs a period of rest. He notices the knee is better when he uses a knee brace, ice/heat and resting the knee. Objective findings on examination of bilateral knees reveal swelling in the left knee. Varus and valgus are normal. Positive patellar tracking of the left knee. The Q-angle is normal at 12 degrees. There is slight effusion of the left knee. There is positive tenderness of popliteal fossa on the left, referred from patellofemoral. Tests for knee joint stability was within normal limits bilaterally. Compression test was positive. Negative McMurray's, Apley grind and apprehension test. Fairbank's, i.e. patellofemoral excursion is +3 on the left but there is a negative apprehension test. Range of motion of the left knee was within normal limits. Muscle strength in the quadriceps, hamstrings, ankle dorsiflexion and ankle plantar flexors 5/5

bilaterally. Sensation was intact bilaterally. The treating provider has requested a cold therapy unit.

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)Knee& Leg, Continuous-flow cryotherapy.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, 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 was dated 2/12/2014, and had received 6 sessions of physical therapy, the last session was dated 3/12/2014 and the physical therapy note revealed progressive improvement in pain and function. As the patient was already certified for the 7 day cold therapy unit, the request is not medically necessary according to the guidelines. Medical necessity for the requested item has not been established. The requested service is not medically necessary.