

Case Number:	CM14-0018198		
Date Assigned:	02/21/2014	Date of Injury:	07/26/2010
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/13/2014

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 injured worker is a 60-year-old male who reported an injury on 07/26/2010 secondary to striking his right knee against a metal box. His diagnoses include clicking, popping, and locking, with possible recurrent meniscal tear. The injured worker underwent a right knee arthroscopy on 09/23/2011. According to documentation submitted for review, he has been treated with physical therapy, aquatic therapy, and cortisone injections. An MRI of the right knee performed on 02/05/2013 was noted to reveal a sprain of the proximal anterior cruciate ligament fibers, a grade 2 signal involving the posterior horn of the medial meniscus suggestive of degeneration/tear, mild joint effusion, and degenerative arthritis in the form of osteophytes and reduced joint space. The injured worker was evaluated on 12/05/2013 and reported occasional pain in the right knee. On physical examination he was noted to have a positive McMurray's sign in the right knee medially. It was also noted that there was no instability in varus/valgus and drawer testing. It was noted that multiple views of the injured worker's knee were taken on the same date and that there was minimal joint space narrowing medially with no fracture, subluxation, or severe degenerative changes. The clinical note indicated that the injured worker had failed conservative treatment to include rest, medication, physical therapy, and 5 postoperative corticosteroid injections. At that time, the injured worker was recommended for a revision arthroscopy of the right knee. A request was submitted on 01/16/2014 for a right knee revision arthroscopy, crutches, postoperative physical therapy, and a motorized cold therapy unit. On 01/23/2014, the request for right knee revision arthroscopy was non-certified. At a follow-up visit on 02/06/2014, the injured worker reported persistent right knee pain. Another request for authorization for the right knee revision arthroscopy and associated durable medical equipment was submitted on 02/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY RENTAL OF A MOTORIZED COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg, Continuous- Flow Cryotherapy.

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

Decision rationale: The request for a 30-day rental of a motorized cold therapy unit is not medically necessary. The Official Disability Guidelines may recommend continuous flow cryotherapy as an option after knee surgery for up to 7 days postoperatively. The request as written is for a 30-day rental. Cryotherapy use beyond 7 days in the postoperative period is not supported by the evidence-based guidelines. As such, the request for a 30-day rental of a motorized cold therapy unit is not medically necessary.