

Case Number:	CM14-0019490		
Date Assigned:	04/21/2014	Date of Injury:	08/05/2010
Decision Date:	07/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 45-year-old male was injured on August 5, 2010. The original injury is documented as occurring from a 5 foot fall. Subsequently the claimant underwent left knee arthroscopy for ACL reconstruction on November 14, 2011. The most recent clinical progress note dated March 24, 2014, is a handwritten PR-2 form that is entirely illegible. The January 6, 2014 progress note indicates diminished left knee range of motion from 0 to 120. The contralateral knee demonstrates 0 to 130. Pain with flexion is noted on exam of left knee and patellar grind test is positive. A diagnosis of left knee patella fracture is given. The clinician indicates that the claimant is pending reconstruction surgery for the left knee. An RFA dated January 17, 2014 request purchase of an aqua relief system. The utilization review in question was rendered on January 28, 2014. The reviewer denies the claim noting that the use of caustic controlled cold/heat therapy using units with support for refrigerator/heaters is not mentioned offer any clinically significant benefit over passive methods for delivering cold/hot therapy. The reviewer cites Blue Cross Blue Shield's and Aetna's policy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HEAT/COLD UNIT PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The ACOEM supports the use of continuous flow cryotherapy for the first several postoperative days following total knee arthroplasty. The documents provided do not indicate what operative intervention is being undertaken. However, that being said the ODG supports the use of continuous flow cryotherapy for up to 7 days postoperatively and recommends rental rather than purchase. However, neither said guidelines support the use of this for nonsurgical treatment. As such, the request is considered not medically necessary as purchase of this unit is not supported.