

Case Number:	CM14-0129602		
Date Assigned:	08/20/2014	Date of Injury:	06/05/2007
Decision Date:	10/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine & Rehabilitation and Pain Management 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:

This is a 60-year-old male with a 06/05/2007 date of injury, when the patient struck the knee with an object. s/p revision left knee arthroscopy in 2/21/14. 7/22/14 determination was non-certified given that the request was not for post-operative use and cold therapy units have not shown to offer any clinically significant benefit over passive methods of delivering cold therapy. 7/18/14 medical report identified bilateral knee pain, left greater than right. There was also neck pain with numbness and pins/needles sensation in the upper extremities. Low back pain with numbness in the left hip and feet. Pain was rated 6-9/10. Treatment to date include medication and activity modification. Exam revealed tenderness on the medial and lateral aspect of the left knee. There was 4+ quadriceps and hamstring strength on flexion and extension. Flexion to 100 degrees and extension to 0 degrees. Positive Tinel's about the medial epicondyles and at the patient's wrist. There was 4+/5 strength on volar flexion and dorsiflexion of the patient's wrist. A 8/9/14 determination certified Synvisc injections for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Ice 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) Cryotherapies Recommendations Recommended for all Acute, Sub-Acute and Chronic Lumbar Spine disorders (Insufficient Evidence (I)) At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold is recommended for the treatment of low back disorders. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment

Decision rationale: ODG states that 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. The patient underwent a left knee procedure in February and continued with pain and weakness. On the most recent report, the provider recommended Synvisc injections, which were certified in August. There was no rationale for the necessity of a cold therapy unit in this setting. The medical necessity was not substantiated.