

Case Number:	CM14-0130308		
Date Assigned:	08/22/2014	Date of Injury:	10/15/2013
Decision Date:	10/17/2014	UR Denial Date:	08/08/2014
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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of October 15, 2013. A utilization review determination dated August 8, 2014 recommends a non-certification of a polar unit. A progress note dated July 23, 2014 identifies subjective complaints of ongoing left knee pain, an MRI of the left knee showed evidence of medial meniscus contusion and degenerative medial meniscus with no discrete tear visualized, there was also mild extensor mechanism stress response and mild wear of the lateral joint line stabilizers. Physical examination of the left knee reveals tenderness in the medial joint line, some crepitation through range of motion, and mild effusion. The diagnoses include left knee contusion, possible left knee medial meniscal tear, chronic left knee pain, and left knee sprain. The treatment plan recommends a request for authorization for a left knee diagnostic arthroscopy, and the following post-operatively: polar care unit, crutches, and at least 12 visits the physical therapy. The treatment plan also recommends continuation of Celebrex 200 mg once a day with food for anti-inflammatory effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar unit unknown rental or purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (19th annual edition) & ODG Treatment in Workers'Comp (12th edition) Online edition Knee chapter, ODG Indications

for Surgery - Diagnostic arthroscopy:ODG Guidelines, Knee chapter, Cryotherapy Other Sources Used But Not Applicable

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: Regarding the request for Polar unit, California MTUS does not address the issue. ODG supports the use of continuous-flow cryotherapy for up to 7 days after knee surgery. Within the documentation available for review, the request for the polar unit did not specify the intended length of time it is to be used after the left knee diagnostic arthroscopic surgery. Guidelines support the use of this modality for up to 7 days, but unfortunately there is no provision to modify the current request. In light of the above issue, the currently requested Polar unit is not medically necessary.