

Case Number:	CM14-0139365		
Date Assigned:	09/05/2014	Date of Injury:	05/27/2013
Decision Date:	10/03/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/28/2014

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 claimant is a 53-year-old, gentleman injured in a work related accident on 05/27/13. The clinical records provided for review included the Utilization Review report dated 07/29/14 authorizing left knee arthroscopy, meniscectomy, and debridement. There are two postoperative requests in direct relationship to the surgical procedure that has now been certified. The first is for 12 sessions of postoperative physical therapy as initial treatment. The second is for a purchase of cryotherapy device in the postoperative setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-operative physical therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, the request for 12 sessions of postoperative therapy would be indicated. The Postsurgical Guidelines recommend up to 12 sessions of physical therapy in the postoperative setting following knee arthroscopy and meniscectomy. The specific request in this case would be indicated.

Post-operative cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Continuous-flow cryotherapy 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. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. (Hubbard, 2004) (Morsi, 2002) (Barber, 2000) The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. (BlueCross BlueShield, 2005) This meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of knee surgery. (Raynor, 2005) There is limited information to support active vs passive cryo units. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. (Aetna, 2006) This study concluded that continuous cold therapy devices, compared to simple icing, resulted in much better nighttime pain control and improved quality of life in the early period following routine knee arthroscopy. (Woolf, 2008) Two additional RCTs provide support for use after total knee arthroplasty (TKA). Cold compression reduced blood loss by 32% and pain medication intake by 24%. (Levy, 1993) It improved ROM and reduced hospital stay by 21%. (Kullenberg, 2006) See also Cold/heat packs. Recent research: This systematic review concluded that solely an analgesic effect was demonstrated by the use of continuous cooling. (Cina-Tschumi, 2007) Another systematic review concluded that, despite some early gains, cryotherapy after TKA yields no apparent lasting benefits, and the current evidence does not support the routine use of cryotherapy after TKA. (Adie, 2010) Although the use of cryotherapy may not be a statistically effective modality, according to this systematic review, it may provide patient benefits. (Markert, 2011).

Decision rationale: California ACOEM Guidelines and supported by Official Disability Guidelines do not support the use of a cold therapy unit postoperatively for this claimant. The office records document that the physician recommended purchase of the cold therapy unit. The question for this review does not identify the specific length of time the cold therapy unit is to be used. The ACOEM Guidelines recommend the use of cold applications to treat pain and swelling. The Official Disability Guidelines recommend the use of a cold therapy device postoperatively for up to seven days including home use. Based upon the limit for use by the Official Disability Guidelines of seven days the request for purchase of a cryotherapy device or use beyond seven days cannot be supported. The request for simply the use of a cold therapy unit does not identify the length of time for its use. The absence of a specified length of time for use does not support the cold therapy unit as there would be no indication for its treatment beyond a seven day period of time. Given the lack of timeframe parameters of the request in this case, the specific purchase of the above cold therapy device would not be indicated.