

Case Number:	CM14-0152143		
Date Assigned:	09/22/2014	Date of Injury:	05/13/2011
Decision Date:	10/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/18/2014

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:

This is a 62-year-old gentleman who was injured in a work-related accident on 5/13/11. The medical records provided for review specific to the claimant's left knee included an MRI report from dated October 2011 showing posterior horn medial meniscal findings. The report of clinical evaluation on 07/11/14 described continued neck, low back, bilateral knee, and shoulder complaints. Specific to the claimant's left knee, there was noted to be zero to 130 degrees range of motion, effusion, medial joint line tenderness, and positive McMurray's testing. At that time, based on failed conservative care including a corticosteroid injection and activity restrictions, the treating physician recommended left knee arthroscopy and medial meniscectomy. The medical records did not include any further imaging reports for the left knee other than the October 2011, MRI report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Cold Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, 18th Edition, 2013 Updates: knee procedure- Continuous-flow cryotherapy

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

Decision rationale: California ACOEM Guidelines, and supported by Official Disability Guidelines criteria, do not recommend the use of a postoperative cold therapy device. The ACOEM Guidelines recommend the application of cold to control pain and swelling. The Official Disability Guidelines would support the role of postoperative cryotherapy for up to seven days including home use, the request for time frame for use in this case has not been established. The request for surgery has also not been recommended as medically necessary. Therefore, in absence of documentation of a seven day request for use as well as recent documentation that the surgical process has not been established, the need for postoperative cryotherapy in this individual would not be necessary.