

Case Number:	CM14-0155324		
Date Assigned:	09/25/2014	Date of Injury:	07/06/2012
Decision Date:	11/19/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 44-year-old female [REDACTED] sustained an industrial injury on 7/6/12, relative to a fall over her desk drawer. Past surgical history was positive for right knee partial medial meniscectomy on 11/28/12. The 2/12/14 left knee MRI findings documented moderate suprapatellar effusion and minimal marrow edema of the medial femoral condyle. The lateral meniscus was normal in size and configuration with no evidence of a meniscal tear. The medial meniscus demonstrated no evidence of a meniscal tear. Physical therapy records indicated the patient had attended 3 sessions since 6/23/14, and 17 total since 3/21/14. Improvement was documented in left knee range of motion and strength since 6/23/14. Records also documented a decrease in sleep disturbance and left posterior knee pain, and increased ease with straightening her knee. The 8/21/14 treating physician report cited bilateral knee pain. The patient reported some residual right knee discomfort. She had been doing right knee physical therapy with aquatic therapy and noted improvement. The patient reported increased left knee buckling and symptoms over the past 3 to 4 weeks. Physical exam documented diffuse joint line tenderness, trace effusion, and no instability. The patient was diagnosed with left knee small posterior horn meniscal tear. The treatment plan recommended left knee arthroscopic partial meniscectomy with associated cryotherapy unit for 7 day rental. Continued aquatic therapy was requested for the right knee. The 9/9/14 utilization review denied the request for a cryotherapy unit for 7-day rental as the associated surgery was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryotherapy Unit 7 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Updated 08/25/2014) - Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous flow cryotherapy

Decision rationale: The California MTUS guidelines are silent regarding continuous flow cryotherapy units following knee surgery. The Official Disability Guidelines indicate that continuous flow cryotherapy may be an option after surgery. Guidelines state that 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. Guideline criteria have not been met. There is no current evidence that the left knee arthroscopic partial meniscectomy has been found medically necessary. There is insufficient evidence to support the efficacy of a cold therapy unit over standard cold packs. Therefore, this request is not medically necessary.