

Case Number:	CM14-0159844		
Date Assigned:	10/03/2014	Date of Injury:	08/21/2008
Decision Date:	12/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 Indiana. 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 injured worker is a 53-year-old female store stocker with a date of injury of 8/21/08 in which the worker injured her left knee. Twenty days later she suffered a mechanical slip and fall at work reinjuring the left knee. She has undergone a left knee scope and subsequent ACL reconstruction. In October of 2011, the worker underwent left shoulder scope and subacromial decompression. Finally, the worker has a diagnosis of lumbar spine discopathy with MRI evidence of degenerative facet arthrosis at L4-5 and L5-S1. The worker has been treated with Percocet and Soma. An MRI of the lumbar spine dated 2/11/14 revealed degenerative disc dessication and small bulges from L2 - S1. There is degenerative facet arthrosis at L4-5 and L5-S1. There is a small annular fissure at L5-S1. There is no significant thecal sac or nerve root compression. The worker complains of lower back pain with radiation to both lower extremities. She has been on opioids and has received epidural steroid injections. A recent MR/arthrogram of the left knee revealed an intact ACL graft, an oblique horizontal tear of the lateral meniscus at the junction of the anterior horn and body, and cartilage thinning over the weightbearing structures of the lateral compartment. She underwent a left knee scope for partial lateral meniscectomy on 9/8/14. The treating physician is requesting retrospective approval for 9/8/14 Thermacure 30 day rental and thermacure pad purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for 9/8/14, Thermacure 30 day rental and thermacure pad purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC)

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(Acute and Chronic), Continuous-flow cryotherapy, Game Ready TM accelerated recovery system

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent in regards to systems such as the Thermacure System. The Thermacure Unit is a heat/cold/contrast/compression unit to control pain and swelling. Although the Official Disability Guidelines (ODG) guidelines recommend 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 (eg, 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";in regards to cold/compression therapy units, the ODG states: The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. Since the Thermacure unit is a combined system with heat/cold and compression, and there are no published high quality studies on any combined system, the retrospective request for a 30-day rental of a Thermacure unit and pad purchase is not medically necessary.