

Case Number:	CM14-0170638		
Date Assigned:	10/23/2014	Date of Injury:	06/15/2013
Decision Date:	12/02/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/15/2014

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:

42 year old male claimant with an industrial injury dated 06/15/13. Exam note 09/11/14 states the patient returns with right knee pain. The patient states that the pain increases with activity. The left knee is now overcompensating for the right and resulting in knee pain as well. Upon physical exam there was evidence of mild inflammation. The patient demonstrated a normal gait, and there was a well-healed portal surgical scar visible. The patient had tenderness to palpation over the right popliteal and peripatellar areas. The range of motion for the right knee was noted to be 0-115. The patient had a positive McMurray's test, and a negative drawer sign test. There was evidence of crepitus on the right knee as well. Treatment includes physical therapy for the right knee, and a hot/cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold unit: 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), Cold/Hot Treatments

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 Chapter, Continuous Flow Cryotherapy

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request is for a nonsurgical indication. Therefore, this request is not medically necessary.