

Case Number:	CM14-0171528		
Date Assigned:	10/23/2014	Date of Injury:	05/22/2009
Decision Date:	12/03/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/16/2014

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:

67 year old male claimant with an industrial injury dated 05/22/09. X-ray of the left knee dated 07/11/13 reveals interval development of a small suprapatellar effusion, moderately severe degenerative osteoarthritic changes in the knee joint, and chondrocalcinosis in the left knee. Current medications include Norco for pain relief. Exam note 4/16/14 demonstrates evaluation of localized osteoarthritis of the knee. Exam note 06/19/14 states the patient returns with left knee pain. The patient rates the pain a 8/10. Upon physical exam the patient demonstrated a decreased range of motion of <90'. There was evidence of crepitus noted. Request is made for total knee replacement. Treatment includes a water circulating cold pad with pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of cold therapy unit (unknown length of use): 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), Knee & Leg (Acute & Chronic)

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: 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 has an unspecified amount of days. Therefore the determination is not medically necessary.