

Case Number:	CM14-0175271		
Date Assigned:	10/28/2014	Date of Injury:	08/05/2014
Decision Date:	12/12/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/23/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 37-year old male patient had a date of injury on 8/5/2014. The mechanism of injury was he got hit by a shop truck and pinned against tool box and truck. In a progress noted dated 9/4/2014, the patient complained of persistent pain in left knee which became worse with sudden steps or direction change. He had an MRI on 9/2/2014 which showed full thickness tear and full thickness chondral fissuring. On a physical exam dated 9/4/2014, there was tenderness to palpation upon left knee examination, 0 degrees extension, and 135 degrees flexion. The physician is requesting authorization for left knee arthroscopy with ACL reconstruction. The diagnostic impression showed left knee ACL tear. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 9/25/2014 denied the request for water circ cold pad with pump, modifying it to 7 day duration. The documentation does not indicate the duration of the request; therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water circ cold pad w/pump: 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) 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 chapter

Decision rationale: CA MTUS does not address this issue. ODG recommends continuous-flow cryotherapy 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, in the 9/4/2014 progress report and in the documentation provided, the duration of use intended for this request was not provided. Although this patient will undergo a left knee arthroscopy, this request cannot be substantiated without documentation regarding the intended duration of therapy of the water circ cold pad with pump. Therefore, the request for water circ cold pad with pump is not medically necessary.