

Case Number:	CM14-0023072		
Date Assigned:	05/28/2014	Date of Injury:	05/01/2010
Decision Date:	07/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/24/2014

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, 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:

The patient is a 51 year old male who was injured on 05/01/2010 while he was on a business trip in [REDACTED]. He was trying to get up from the plane seat and as he did this, he twisted and fell and heard a pop. He immediately felt severe pain and weakness in his left knee. He unable to weight bear or move his left knee. Prior treatment history has included medications Dutoprol 25/12.5 mg, Humalog mix, suspension SIG 1 unit subcutaneously, Lantus insulin 1 unit subcutaneously. The patient underwent left knee arthroscopy with medial meniscectomy, lateral meniscectomy, synovectomy and manipulation on 07/16/2010; left knee arthroscopy on 12/02/2010; left knee arthroscopy with medial meniscectomy and arthroscopic partial lateral meniscectomy 03/22/2011; a left knee arthroscopic partial medial meniscectomy and arthroscopic partial lateral meniscectomy on 09/22/2011; the same with assisted with assisted anterior cruciate ligament reconstruction with cadaver allograft on June 14, 2012. Diagnostic studies reviewed include 09/11/2013; the patient had an EMG/NCS study on 11/22/2012 of bilateral lower extremities and was found to be positive. MRI was done 07/27/2011 revealed there are postsurgical change to the medial meniscus with medial and lateral meniscus tears as these may be chronic tears or previously repaired. There is mild medial and partial cartilage thinning. There is no fracture or ligament tear and there is no large effusion. Orthopedic consult dated 10/11/2011 states the patient has complaints in the left knee and he rates his pain as 8/10. The pain is described as a sharp, burning constant pain on the outside of the left knee. The patient is taking Norco for the pain. Objective findings on exam revealed no swelling. There is a previous surgical incision on the left with profound wasting of the quadriceps and hamstrings on the left compared to the right. Standing alignment demonstrates various positions of the knee. He has an antalgic gait. Seated alignment shows acute angle (ASIS) to patellar tubercle to 6 degrees. On palpation, there is medial and lateral joint line pain. His range of motion exhibits hyperextension to 0 bilaterally.

Extension is 0 bilaterally; flexion is 90 degrees in the left knee and 128 on the right. Both quadriceps and hamstrings show symmetry and recruitment and tone. Anterior drawer test and Lachman test are positive +2 in the left knee. The motor and sensory exams are grossly symmetric. The patient is diagnosed with left knee pain with limited motion and left knee arthrofibrosis (original pain syndrome varus pain). PR2 dated 11/22/2013 subjective and objective findings are the same as note dated 10/11/2011. The plan includes a request for authorization for an evaluation under anesthesia and possible arthroscopic release and request for authorization for the patient to be evaluated for pain management care. A 3- point MRI of the left knee has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME; COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS guidelines have not specifically addressed the issue of dispute. According to the ODG, Continuous-flow cryotherapy is 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 (e.g., muscle strains and contusions) has not been fully evaluated. The medical records document the patient was diagnosed with left knee pain with limited motion, left knee arthrofibrosis, and left knee pain syndrome (regional pain syndrome versus pain) the last left knee arthroscopy was on 06/14/2012. In the absence of documented recent surgical intervention and whether the unit is requested for renting or purchasing, the request is not medically necessary according to the guidelines. The request is not medically necessary and appropriate.