

Case Number:	CM14-0025920		
Date Assigned:	06/13/2014	Date of Injury:	03/30/2013
Decision Date:	09/30/2014	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 48 year old male who sustained an industrial injury on 3/30/2013. According to the medical documentation, a left knee MRI revealed medial meniscus body and posterior horn degenerative tear, discoid lateral minescu, 2 small cystic lesions withing the deep popliteal fossa soft tissue, posterior to the PCL, most likely representing ganglin versus synovial cysts, and a small Baker's cyst. The patient was scheduled for a left knee arthroscopy on 1/24/2014. Requests were for adjustable aluminum crutches, 6 weeks use of postoperative thermacooling system, and thermacooling water circulating wrap. A prior peer review dated 2/8/2014 is medically necessary the prospective requests for crutches and thermacooling water circulating wrap. The prospective requested thermacooler system x 6 weeks was modified to medical necessity rental for 1 week.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE USE OF THERMACOOLING SYSTEM FOR 6 WEEKS: 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, Continuous-flow cryotherapy.

Decision rationale: According to the Official Disability Guidelines, 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. The patient was pending left knee arthroscopy. The guidelines state that in the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. In accordance with the evidence based guidelines, up to 7 day rental of the thermocooling system would be considered appropriate and medically necessary. However, the request for 6 weeks use is excessive and not supportable. The medical necessity of the request is not established.