

Case Number:	CM14-0028947		
Date Assigned:	06/16/2014	Date of Injury:	07/25/2013
Decision Date:	07/21/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational 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 applicant is a [REDACTED] employee who has filed a claim for knee and leg pain reportedly associated with an industrial injury of July 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the knee of September 6, 2013, notable for a grade 2 degenerative signal about the meniscus; and unspecified amounts of physical therapy to date. In a Utilization Review Report dated February 6, 2014, the claims administrator denied a request for continuous cryotherapy device on the grounds that the service which was requested in parallel, a knee arthroscopy, was also denied. The claims administrator stated that the attending provider did not furnish compelling information to support the surgical request. The claims administrator did not, it is incidentally noted, incorporate or cite any guidelines in its rationale. The applicant's attorney subsequently appealed, on March 6, 2014. In a work status report dated January 2, 2014, the applicant was returned to work with a 25-pound lifting limitation. The applicant was given diagnosis of knee chondromalacia, knee joint pain, and knee joint effusion. Left knee surgery was apparently sought. Little or no narrative commentary was attached to the request for authorization.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physical Methods Recommendation: Cryotherapy for Treatment of Knee Arthroplasty or Other Surgery Patients.ACOEM V.3 Knee Specific Diagnoses Knee Pain and Osteoarthritis Physical MethodsRecommendation: Cryotherapy for Treatment of Knee Arthroplasty or Other Surgery Patients Cryotherapy is recommended for select treatment of knee arthroplasty or other surgery patients.Frequency/Duration - Pain relief with cold therapy for the first several post-operative days with duration commensurate with extent of surgery. Some devices may be helpful for select patients, particularly if they are unable or unwilling to tolerate other measures to manage pain. Indications for Discontinuation - Non-tolerance, adverse effects. Strength of Evidence Recommended, Insufficient Evidence.

Decision rationale: The MTUS does not address the topic of cold units or high-tech units to deliver cryotherapy. While the Third Edition ACOEM Guidelines do recommend cryotherapy for select treatment of knee surgery and/or knee arthroplasty patients for the first several postoperative days, in this case, however, there is no evidence that the applicant is in fact set to undergo the knee surgery in dispute. The applicant has neither had nor is scheduled to have the surgery in question, which is also in dispute. Therefore, the derivative request for a cold therapy unit postoperatively is likewise not medically necessary.