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| Case Number: | CM14-0030526 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 04/02/2010 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 02/12/2014 |
| Priority: | Standard | Application Received: | 03/10/2014 |

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 Pennsylvania. 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 claimant, a 29-year-old female, was injured on April 2, 2010. The claimant is noted to have had ongoing, right lower extremity pain specific to the thigh and knee. In a December 13, 2013, progress note, the claimant reports continued subjective complaints of right thigh and knee pain, localized to the anterior-inferior portion of the knee. Objective findings show tenderness to palpation over the inner thigh, quadriceps and medial joint line, as well as full range of motion. A 2013 MRI (magnetic resonance imaging) report identified an osteochondral lesion of the medial patellar facet with no indication of meniscal pathology or ligamentous pathology. In a February 25, 2014 progress report, an ice unit for continuous cryotherapy was recommended for diagnosis of chondromalacia and myositis of the right thigh. Right knee arthroscopy and debridement were also recommended at that time. No other clinical findings were referenced. This review request is for an updated right knee MRI and the use of an at-home cryotherapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: 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) - Indications for imaging - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: Based on the California MTUS/ACOEM Guidelines, a MRI (magnetic resonance imaging) scan of the right knee would not be indicated. A 2013 MRI scan of the right knee did not show specific compressive or internal derangement findings. Recent physical examination findings, while demonstrating tenderness, are consistent with the finding of chondral defect noted on the prior MRI scan. Due to the correlation of the claimant's recent clinical presentation with the prior MRI scan, along with the absence of significant new findings, this request would not be supported as medically necessary.

Ice Unit: 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), continuous flow cryotherapy units.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee procedure - Continuous-flow cryotherapy.

Decision rationale: The California MTUS/ACOEM Guidelines and the Official Disability Guidelines (ODG) would not support the need for a cryotherapy unit in this case. The ACOEM Guidelines recommend the home application of ice packs. The ODG recommends the use of cryotherapy devices for up to seven days post-surgically. Given that the claimant will not undergo surgery, this request is not indicated as medically necessary.