

Case Number:	CM14-0071411		
Date Assigned:	07/14/2014	Date of Injury:	07/05/2012
Decision Date:	08/14/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 55-year-old male sustained an industrial injury on 7/15/12. Injury occurred when the he slipped and fell while carrying a 40-pound box of produce. The patient underwent right knee arthroscopic partial medial and lateral meniscectomies and partial synovectomy on 9/19/13. The patient was walking for exercise on 2/9/14 when his knee buckled and he fell, landing on the right knee. The 2/27/14 right knee MRI documented a minimally displaced trochlear fracture, medial meniscus tear, anterior cruciate ligament mucinous degeneration, partial thickness cartilage loss weight bearing medial femoral condyle, and moderate knee joint effusion. The 3/31/14 treating physician report cited persistent pain with buckling and giving way. Physical exam noted ambulation with a cane, range of motion 8-95 degrees, medial joint line tenderness, positive effusion, and positive McMurray's. The patient failed comprehensive conservative treatment. Right knee arthroscopy with partial meniscectomy and chondroplasty was recommended and approved in utilization review on 5/9/14. The 5/9/14 utilization review denied the associated request for a cold therapy unit x 7 days as there was little medical efficacy over simple ice or gel packs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit rental x d days.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guide.

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, Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days following knee surgery. In the postoperative setting, continuous-flow cryotherapy units have been shown to decrease pain, inflammation, swelling, and narcotic usage. However, large volume long term studies have not been documented and/or have not shown efficacy over typically readily available household items such as ice pack (especially in such relatively non-complex procedures.)not Guideline criteria have not been met. This request for cold therapy unit rental x 7 days is not medically necessary.