

Case Number:	CM14-0071913		
Date Assigned:	06/30/2014	Date of Injury:	01/01/2010
Decision Date:	07/30/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/08/2014

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 claimant injured her left knee on both 01/01/10. Cold therapy Polar Care has been requested and is under review. The claimant is status post surgery and has significant knee hypersensitivity and reflex sympathetic dystrophy type symptoms 4 months postop. The request for the Polar Care device was not certified. She underwent manipulation under anesthesia (MUA) of the left knee in December 2010 and had a left total knee arthroplasty in September 2013 with MUA in 12/2013. She has had physical therapy. On 03/14/14, she complained of severe left knee pain and hypersensitivity to touch. She had an antalgic knee with range of motion of 0-110 degrees and edema and allodynia on examination. Her strength was mildly decreased due to pain. On 05/15/14, she was 6-1/2 months following revision of left total knee arthroplasty and was still walking with a cane and complaining of chronic pain. She had been given some medications including extended release Dilaudid and Lyrica but she was not taking them. She still complained of hypersensitivity of the anterior knee. She had Voltaren gel, also. She jumps with just light touch to the skin. Physical therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Polar Care for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg, Continuous-flow Cryotherapy.

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: The history and documentation do not objectively support the request for cold therapy Polar Care for the left knee. The MTUS do not address postoperative continuous-flow cryotherapy. The ODG state it may be 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. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. It is not clear what additional benefit is expected from the use of this type of device instead of simple cold packs prepared at home for the claimant's chronic pain. The medical necessity of this request has not been clearly demonstrated. As such, the request is not medically necessary.