MAXIMUS Federal Services

Case Number:	CM14-0078750		
Date Assigned:	07/18/2014	Date of Injury:	01/04/2011
Decision Date:	09/26/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/28/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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 injured worker is a 50 year old male who reported an injury on 01/04/2001; the mechanism of injury was not indicated. The injured worker had diagnoses including left knee pain and tibial exacerbation. Prior treatment were not submitted within the medical records documentation. Diagnostic studies included an x-ray of the left tibia/fibula on 07/25/2011 and 04/14/2011. The injured worker underwent intramedullary rodding. The injured worker complained of pain in the left knee and left tibia. The clinical note dated 01/27/2014 noted the injured worker had intermittent mild to moderate pain. Left leg pain was rated 4-6/10 depending on the movement below the knee cap. The injured worker reported pain with putting on pants and mild pain associated with activity. Medications were not submitted within the medical records.The treatment plan included recommendations for a cryotherapy unit rental for 2 weeks.The physician recommended the injured worker use the cryotherapy unit for 2 weeks after removal of intramedullary rod. The request for authorization was not submitted within the medical records

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryotherapy rental for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Offiical Disability Guidelines (ODG) Knee & Leg (updated 03/31/14); 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) Continuous-flow cryotherapy Knee & Leg (Acute & Chronic).

Decision rationale: The request for the Cryotherapy rental for 2 weeks is not medically necessary. The injured worker had intermittent mild to moderate pain to the left knee without swelling or edema. The Official Disability Guidelines recommend the use of continuous flow cryotherapy as an option after surgery. The guidelines recommend the use of cryotherapy for 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 (eg, muscle strains and contusions) has not been fully evaluated. There is a lack of documentation indicating the injured worker has been approved for surgical intervention to remove the intramedullary rod. The request for a 2 week rental of the cryotherapy unit would exceed the guideline recommendation of 7 days. Therefore, the request the Cryotherapy rental for 2 weeks is not medical necessary.