

Case Number:	CM14-0083976		
Date Assigned:	07/21/2014	Date of Injury:	02/12/2006
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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:

The injured worker is a 57 year-old female who sustained an industrial injury on 02/12/2006, relative to kneeling on the floor. The patient underwent right knee arthroscopic surgery in 2006 and 2007. The 04/16/2014 treating physician report cited continued right knee pain and difficulty walking. Knee range of motion was 0-120 degrees with positive crepitus in the patellofemoral and medial compartments. The treatment plan recommended right knee arthroscopic debridement, synovectomy versus total knee arthroplasty. The patient desired a total knee arthroplasty. Utilization review denied a request for right total knee arthroplasty on 05/28/2014 based on an absence of documented conservative treatment. The associated request for a polar care unit was denied. The 06/11/2014 treating physician report cited continued debilitating right knee pain that interfered with activities of daily living. The patient had end-stage osteoarthritis. Conservative treatment had included anti-inflammatories, physical therapy, cortisone injections, viscosupplementation, and bracing. Right knee range of motion was 10-110 degrees with crepitus. There was effusion, positive varus, positive McMurray's and Apley's tests, positive patellar compression test, and grinding. Standing x-rays showed significant right knee osteoarthritis with the medial compartment most involved. The patient was recommended for a right knee unicompartmental arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar care unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 MTUS is silent regarding cold therapy devices. The ODG recommends continuous flow cryotherapy as an option after surgery. Postoperative use is generally supported up to 7 days, including home use. The use of a cold therapy unit would be reasonable for 7 days post-operatively if surgery is certified. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request for a polar care unit is not medically necessary.