

Case Number:	CM14-0089850		
Date Assigned:	07/23/2014	Date of Injury:	02/12/2014
Decision Date:	08/28/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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 patient is a 56 year old male injured worker with date of injury 2/12/14 with related left knee pain. Per progress report dated 4/18/14, the injured worker reported that his knee continued to catch, pop and give out and swell. Examination of the left knee revealed medial joint line tenderness. There was an effusion in the left knee. There was patellofemoral crepitus with range of motion of the left knee and there was a positive McMurray sign in the left knee. MRI of the left knee dated 3/20/14 revealed tricompartmental osteoarthritis which was severe in the medial compartment and mild to moderate in the patellofemoral and lateral compartments. Status post ACL reconstruction with intact graft. Severe macerated degenerative appearing changes of the body and posterior horn of the medial meniscus without linear or displaced tear. He has been treated with physical therapy, surgery, and medication management. The date of UR decision was 6/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit with Pad for Purchase for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, second edition - Occupational Medicine Practice Guidelines, Reed Group/The Medical Disability Advisor and Official Disability Guidelines/Integrated Treatment Guidelines (Treatment in Workers Comp 2nd Edition) Disability Duration Guidelines/Work Loss Data Institute.

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 California MTUS is silent on the use of cold therapy units. The ODG states continuous-flow cryotherapy is "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 (eg, muscle strains and contusions) has not been fully evaluated." The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. As the ODG only supports the use of cold therapy units for up to 7 days, purchase is not medically necessary.