

Case Number:	CM14-0094239		
Date Assigned:	07/25/2014	Date of Injury:	01/20/2009
Decision Date:	08/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 70-year-old female who reported an injury on 01/20/2009. The mechanism of injury was a fall. Her diagnoses included lateral meniscus tear right knee, early degenerative arthritis bilateral knees, and low back pain. Her past treatments included exercise as tolerated and medications. An MRI of the right knee was performed on 01/20/2011. Per the clinical note dated 02/04/2014 the injured worker was seen for an orthopedic re-evaluation. Upon physical examination of the right knee the physician reported there was a small effusion without signs of infection and there was no soft tissue swelling or instability. He reported there was tenderness to palpation over the medial and lateral joint line and there was medial and lateral pain with McMurray's maneuver. The range of motion was noted at 0 to 110 degrees with crepitation. Per the clinical note dated 04/28/2014 the injured worker had complaints of pain to the bilateral knees. The injured worker reported she had pain to the bilateral knees and was taking medication. She reported the pain was mainly to the right leg and right knee and she indicated that the pain increased with standing and walking. Upon examination of the right knee the physician reported flexion was 135 degrees and extension was 0 degrees, and muscle strength was 5/5 with respect to flexors and extensors. The physician reported there was 1+ crepitus to the right knee and 1+ pain upon compression. The physician's treatment plan included a recommendation for a right knee arthroscopy with partial lateral meniscectomy, possible medial meniscal meniscectomy and chondroplasty. The provider recommended the unit be used post-operatively. The Request for Authorization was provided on 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental Contrast Compression Unit/Thermacure/Purchase Pad: 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, Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines state that continuous flow cryotherapy is recommended as an option after surgery. The postoperative use generally may be up to 7 days, including home use. In the post-operative setting, continuous-flow therapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. Per the clinical documentation the physician recommended a right knee arthroscopy with partial lateral meniscectomy, possible medial meniscectomy, and chondroplasty. The documentation failed to indicate whether the surgery has been authorized and is scheduled. Additionally, the submitted request did not indicate the number of days the unit was being requested for. As such, the request for rental contrast compression unit/thermacure/purchase pad is not medically necessary.