

Case Number:	CM13-0036649		
Date Assigned:	12/13/2013	Date of Injury:	07/21/2012
Decision Date:	03/17/2015	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old male sustained work related industrial injuries on July 21, 2012. The mechanism of injury involved a dish cart striking his left knee and rolling over his left foot. The injured worker subsequently complained of left knee and left foot pain. The injured worker was diagnosed and treated for left knee contusion/sprain and left foot contusion/sprain. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, chiropractic treatment, consultations and periodic follow up visits. Per treating provider report dated August 6, 2013, the injured worker presented for follow up regarding left knee pain. The injured worker reported pain in his left knee radiating to his ankle. Physical exam of the left knee revealed positive patellar grind, positive bounce test and some pain with full flexion. Neurological examination revealed no significant abnormalities. According to the documentation dated August 30, 2013, the injured worker was awaiting authorization for a left knee arthroscopy, chondroplasty and synovectomy. The provider noted that the procedure would help with the rough cartilage areas and synovitis causing pain in the left knee. The treating physician prescribed services for cold therapy unit for 7 days post-operative now under review. On October 10, 2013, the Utilization Review (UR) evaluated the prescription for Cold therapy unit for 7 days post-operative requested on October 3, 2013. Upon review of the clinical information, UR non-certified the request for Cold therapy unit for 7 days post-operative, noting the injured worker's surgical procedure was not medically necessary, therefore the cold therapy unit is not approved. The MTUS, ACOEM Guidelines, and ODG were cited. On October 21, 2013, the injured worker submitted an application for IMR for review of Cold therapy unit for 7 days post-operative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for 7 days post-operative: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Knee, Topic: Continuous flow cryotherapy

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option after knee surgery for 7 days. It reduces swelling, inflammation, pain, and need for narcotics postoperatively. The use is generally recommended for 7 days. As such, the request for cold therapy unit for 7 days post-operatively is appropriate and medically necessary.