MAXIMUS Federal Services

Case Number:	CM14-0131739		
Date Assigned:	08/20/2014	Date of Injury:	01/22/2014
Decision Date:	12/03/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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. 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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 sustained an industrial injury on 1-22-14. The injured worker was being treated for chronic low back pain with degenerative disc disease at level of L2-3, L3-5, L4-5 and L5-S1 with mild to moderate central canal stenosis, lumbar spine spondylosis and right knee pain. On 6-19-14, the injured worker complains of constant low back pain with radiation to right leg down into the toes; he rates the pain 6-7 out of 10 and constant pain in right knee with swelling, popping and clicking rated 7-8 out of 10. He is currently not working. Physical exam performed on 6-19-14 revealed tenderness in lumbar paraspinal region bilaterally with tenderness in midline lumbar spine, sensation of L2-S1 is not intact, tenderness is noted of lumbar spinous processes, interspinous ligaments, posterior superior iliac space and facet joint; straight leg raise produces leg and back pain in supine position and lumbar range of motion is restricted with spasm present. Treatment to date has included acupuncture treatment, oral medications including Tramadol, Codeine, Norco and Orphenadrine; 6 physical therapy sessions and activity modifications. The treatment plan included request for lumbar epidural steroid injection, oral steroids, MRI of lumbar spine, Norco 10-325mg, Naprosyn 550mg, Tizanidine 4mg; compound analgesic cream, Gabapentin 300mg, follow up appointment and cold therapy unit for purchase only for post injection. On 7-23-14 request for cold therapy unit for purchase only was modified to 7-day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Cold Therapy Unit Rental 30 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) 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) Shoulder section, Continuous flow cryotherapy.

Decision rationale: Pursuant to the Official Disability Guidelines, motorized cold therapy unit rental for 30 days is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use maybe for up to 7 days, including home use. In the post operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however the effect on more frequently treated acute injuries has not been fully evaluated. In this case, the injured worker's working diagnosis is right knee internal derangement. The date of injury is January 22, 2014. Request for authorization is July 14, 2014. According to an initial new patient evaluation dated June 27, 2014, the injured worker's subjective complaints are low back pain and right knee pain 8/10. Medications include Norco. The injured worker failed conservative management. Objectively, the injured worker ambulates with an antalgic gait. There is tenderness over the medial and lateral joint line right knee. There is a tear in the lateral and posterior horn of the meniscus. The treating provider requested a right knee arthroscopy, postoperative physical therapy and a cold therapy unit for 30 days. Continuous flow cryotherapy is recommended for up to seven days. A 30-day request is excessive. There is no clinical indication or rationale for a 30 day motorized therapy unit rental. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline recommendations for a seven-day rental, motorized cold therapy unit rental for 30 days is not medically necessary.