

Case Number:	CM14-0178533		
Date Assigned:	10/31/2014	Date of Injury:	10/31/2012
Decision Date:	04/21/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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: Illinois, California, Texas
 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:

The injured worker is a 46-year-old female patient who sustained an industrial injury on 10/31/12. Injury occurred when she tripped and fell while wheeling a resident. The patient was diagnosed with bilateral knee sprain, right ankle sprain, and neck and back sprain with a large disc herniation at L5/S1. The 1/22/14 left knee MRI demonstrated a medial meniscus tear. The patient was certified for a left knee diagnostic and therapeutic arthroscopy. The 9/23/14 treating physician report cited frequent severe left knee pain. Physical exam documented bilateral knee range of motion 0-140 degrees, with pain in all planes. Apley's compression and distraction tests were positive bilaterally. There was tenderness over the medial and lateral joint lines, subpatella, and posterior fossa bilaterally. Left knee arthroscopy was reported as pending. The 10/9/14 utilization review modified a request for 30-day cold therapy unit rental to 7 days consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Cold unit x 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 and Leg Procedure Summary 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) Knee and Leg: Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. 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. The 10/9/14 utilization review decision recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request is not medically necessary.