

Case Number:	CM14-0196934		
Date Assigned:	12/04/2014	Date of Injury:	10/17/2012
Decision Date:	01/22/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency Medicine and is licensed to practice in New York. 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:

This is a 52 year old female who suffered a work related injury at work on 10/17/2012. The injured worker has diagnoses of left knee medial meniscus tear and patellar chondral defect, which was found on a Magnetic Resonance Imaging done on 06/28/2013. Treatment has consisted of physical therapy, a home exercise program and medications. An orthopedic progress note dated 9/08/2014 notes tenderness in the left knee medial aspect. Patellofemoral compression test is positive. There is crepitance with range of motion assessment. Range of motion is from 0 to 90 degrees. There is decrease of spasm of the calf musculature. Knee pain is 10 of 10, and the injured worker complained of a decline in condition. The injured worker underwent an arthroscopic meniscectomy, chondroplasty, synovectomy and debridement on 09/29/2014. The treatment requested was for post-operative Hot/Cold Therapy Unit with Wrap for seven days rental for the left knee. On 10/23/2014 Utilization Review modified the request for post-operative Hot/Cold Therapy Unit with Wrap for seven days rental for the left knee, to Cold Therapy Unit with wrap for seven days to the left knee, citing California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine, and Official Disability Guidelines. The use of heat immediately after surgery is not recommended as it increased both pain and swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment-Post-Op: Hot/Cold Therapy Unit with Wrap times seven Day Rental, Left Knee QTY: 7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor, and Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition)-Disability Duration Guidelines (Official Disability Guidelines 9th Edition)/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 & Leg, Continuous-flow cryotherapy

Decision rationale: 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. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. There is no comment regarding postoperative heat therapy. Only cold therapy is recommended after surgery. There is no medical necessity for heat therapy. The request should not be authorized.