

Case Number:	CM14-0202797		
Date Assigned:	12/15/2014	Date of Injury:	10/21/2013
Decision Date:	02/05/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice and is licensed to practice in California. 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 38 years old male patient who sustained an injury on 10/21/2013. He sustained the injury when he had been up on a ladder moving ceiling fan displays and as he was trying to release a bracket, the ball joint came off and the weight of the ceiling fan pulled him off the ladder and slammed him into some shelving. The diagnosis includes right knee meniscal tear. Per the doctor's note dated 10/13/2014, he had complaints of right knee pain. The physical examination revealed tenderness over the right knee. The medications list includes celebrex. He has had right knee MRI which revealed grade 2 tear of the medial meniscus. He has undergone arthroscopic partial medial meniscectomy, and arthroscopic partial lateral meniscectomy on 10/20/2014. He has had physical therapy visits, cortisone injection and synvisc injections for this injury prior to surgery. He has had urine drug screen on 7/10/14 and 10/14/14 with negative results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascuthern cold compression 14 day rental: 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)- 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), Chapter: Knee & Leg (updated 10/27/14), Cold compression therapy, Game Ready accelerated recovery system, Continuous-flow cryotherapy

Decision rationale: CA MTUS and ACOEM do not address this request. Per the cited guidelines cold compression therapy is "Recommended as an option after surgery, but not for nonsurgical treatment." Cited guidelines recommended "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." Per the records provided he has undergone arthroscopic partial medial meniscectomy and arthroscopic partial lateral meniscectomy on 10/20/2014. Cited guidelines recommend a cold compression unit only for 7 days post operatively. Therefore the request for 14 days rental is more than the recommended cited criteria. The medical necessity of Vascuthern cold compression 14 day rentals is not established for this patient.