

Case Number:	CM14-0206089		
Date Assigned:	12/18/2014	Date of Injury:	04/16/2012
Decision Date:	02/12/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/09/2014

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 Physical Medicine Rehabilitation, 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:

The patient is a 59 year old male with date of injury 4/16/12. The treating physician report dated 11/12/14 (189) indicates that the patient presents with pain affecting lumbar spine and left and right knees. The physical examination findings reveal tenderness to palpation over the paraspinal muscles. The SI joint, PSIS area and the buttocks region are tender to palpation. There is palpable spasm. There is tenderness to palpation to the prepatellar bursa on the left. Prior treatment history includes HEP, chiropractic therapy, physical therapy, x-rays, CT, MRI, medications and total right knee arthroplasty. MRI findings of the left knee reveal an oblique tear on the inferior aspect of the posterior horn of the medial meniscus. The current diagnoses are: 1.Myoligamentous lumbar spine sprain/strain2.Lumbar spondylosis3.History of total arthroplasty, right knee4.Medial meniscus tear, left kneeThe utilization review report dated 12/08/14 denied the request for postop cold compression unit for the left knee, rental 7 days based on the concurrently requested knee meniscectomy not being justified, which precludes use of postoperative cold compression unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op cold compression unit for the left knee, rental for 7 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg - Compression 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 Chapter, Continuous-Flow Cryotherapy

Decision rationale: The patient presents with lumbar spine and bilateral knee pain. The current request is for post-op cold compression unit for the left knee, rental 7 days. The treating physician states that the patient is in need of a left knee diagnostic arthroscopy with medial meniscectomy. The ODG guidelines state that continuous-flow cryotherapy is recommended as an option after surgery generally up to 7 days including home use. In this case, the treating physician is concurrently requesting knee meniscectomy, which is not approved at this point, so this precludes the use of a post-operative cold compression unit. Therefore, the request is not medically necessary.