

Case Number:	CM14-0208748		
Date Assigned:	12/22/2014	Date of Injury:	10/08/2013
Decision Date:	02/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/12/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 44-year-old female with a 10/8/13 date of injury. At the time (10/27/14) of request for authorization for Associated Surgical Service: Cold Therapy for 2 weeks, there is documentation of subjective (5/10 left anterior knee pain) and objective (left knee persistent left lateral patellar subluxation on full knee extension, significant vastus medialis obliquus atrophy, patella grind and inhibition tests positive, and active range of motion 0-140 degrees) findings, current diagnoses (left knee degenerative joint disease and left knee lateral patella subluxation and medial retinacular ligament injury), and treatment to date (Orthovisc injections, cortisone injections, bracing, home exercise program, and medications (including ongoing treatment with ibuprofen)). 11/11/14 medical report identifies surgery for left knee medial retinacular ligament construction to patella with vastus medialis obliquus advancement is certified/authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Cold Therapy for 2 weeks: 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, (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 Chapter, Cold compression therapy; Venous thrombosis; Continuous-flow cryotherapy.

Decision rationale: The MTUS does not address this issue. The ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. In addition, the ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of left knee degenerative joint disease and left knee lateral patella subluxation and medial retinacula ligament injury. In addition, there is documentation of a surgery that is authorized. However, the proposed Cold Therapy for 2 weeks exceeds guidelines. Based on guidelines and a review of the evidence, the request for cold therapy for 2 weeks is not medically necessary.