

Case Number:	CM15-0001618		
Date Assigned:	01/12/2015	Date of Injury:	05/15/2013
Decision Date:	03/20/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/05/2015

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 54 year old male, who sustained an industrial injury on May 15, 2013. The diagnoses have included right knee medial meniscus tear. The 5/21/14 right knee MRI impression documented a tear involving the posterior horn of the medial meniscus, and trace chondromalacia of the medial patellar facet. The 9/30/14 treating physician report cited severe right knee pain with associated symptoms of catching, swelling, and locking. The right knee exam revealed no mildly decreased range of motion, and positive McMurray's and Slocum's tests. The treatment plan included a right knee arthroscopy and partial meniscectomy with the use of cryotherapy in the immediate perioperative period. On December 2, 2014 Utilization Review certified a request for right knee arthroscopy and partial medial meniscectomy, and modified a request for a cold therapy device rental x 21 days to 7 days, including home use. The California Medical Treatment Utilization Schedule (MTUS) guidelines, ACOEM (American College of Occupational and Environmental Medicine) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Associated services) Cold therapy device rental x 21 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 12/2/14 utilization review modified the request for a cold therapy device rental x 21 day rental to a cold therapy device for 7 day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy device beyond the 7-day rental already certified. Therefore, this request for cold therapy device rental x 21 days is not medically necessary.