

Case Number:	CM15-0002394		
Date Assigned:	01/13/2015	Date of Injury:	05/01/2014
Decision Date:	03/09/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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: New York, New Hampshire, Washington
 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 21 year old male with a date of injury as 05/01/2014. The cause of the injury occurred when the worker was walking out of a trailer and his right leg fell in between the warehouse and the trailer causing an injury to his right knee. The current diagnoses include right knee chondromalacia, right knee internal derangement, and right knee sprain. Previous treatments include medications, physical therapy, and cortisone injection. Physician's reports dated 06/18/2014 through 11/17/2014, doctor's first report of occupational injury/illness dated 06/10/2014, MRI of the right knee dated 07/24/2014, work status reports, and physical therapy progress reports were included in the documentation submitted for review. Report dated 11/17/2014 noted that the injured worker presented with complaints that included constant right leg and knee pain, pain level rated as 7 out of 10. The injured worker reported that he is unable to perform activities of daily living due to pain. Physical examination revealed tenderness over the patella, medial joint line and inferior and superior patella, patellofemoral compression test is positive, decreased strength, and restricted range of motion. Treatment plan included requests for right knee arthroscopy with possible chondroplasty, physical therapy, right knee brace, and cold therapy unit. The utilization review performed on 12/30/2014 non-certified a prescription for a 14 day rental of a cold therapy unit post-operatively for the right knee, modified to a 7 day rental based on the request exceeds the guidelines recommended amount. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op cold therapy unit x 14 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation knee chapter- 7 days cold therapy only

Decision rationale: This patient has chronic knee pain. The patient has had considerable nonop measures and still has pain. Knee surgery has been recommended. However, ODG guidelines do not recommend more than 7 days of cold therapy postop. 14 days of cold therapy is excessive and not recommended by ODG guidelines. 14 days of cold therapy not medically needed.