

Case Number:	CM15-0002869		
Date Assigned:	01/13/2015	Date of Injury:	07/25/2014
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old male, who sustained an industrial injury on 7/25/2014. He has reported pain in the right knee. The diagnoses have included right plantar fasciitis and possible right medial meniscal tear. Treatment to date has included physical therapy, joint injection 12/9/14, and naproxen. Currently, on December 18, 2014, an urgent visit was conducted due to increased right knee pain. Physical exam documented right knee swelling, ecchymosis at prior knee injection site, crepitus, guarded Range of Motion (ROM) and diffuse tenderness. Physical therapy was documented as ineffective to relieve pain and was discontinued. Plan of care included discontinuing physical therapy and requesting arthroscopic intervention. On 12/29/2014 Utilization Review non-certified cold therapy x 7 days. The ODG Guidelines were cited. On 1/6/2015, the injured worker submitted an application for IMR for review of cold therapy x 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy for 7 days: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Cold/heat packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee chapter, Continuous-flow cryotherapy

Decision rationale: This patient presents with right knee pain. The treater has asked for COLD THERAPY FOR 7 DAYS but the requesting progress report is not included in the provided documentation. The patient has a diagnostic arthroscopy of the right knee planned per 12/18/14 report. Regarding cryotherapy, ODG allows for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. In this case, the patient has failed conservative treatment and has persistent pain in the right knee. He is to undergo a right knee arthroscopy, and the treater has requested postoperative cryotherapy for 7 days. The request appears reasonable and in accordance with ODG guidelines. The request IS medically necessary.