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| Case Number: | CM15-0005859 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 12/22/2010 |
| Decision Date: | 03/20/2015 | UR Denial Date: | 12/10/2014 |
| Priority: | Standard | Application Received: | 01/11/2015 |

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 47-year-old female who reported injury on 12/22/2010. The mechanism of injury was cumulative trauma. Prior therapies included physical therapy, an MRI, and surgical intervention. The surgical intervention was an ACL reconstruction bilaterally. Other therapies included Kenalog injections. Documentation of 11/20/2014 indicated the injured worker had arthroscopic surgery of the right and left knee. The injured worker underwent a few months of physical therapy. The injured worker had complaints of bilateral knee pain, neck pain, low back pain, and lower legs and feet. Physical examination revealed testing was within normal limits. The motor examination revealed 5/5 motor examination, and the knee jerks were symmetrical; ankle jerks were symmetrical; and the Babinski sign was negative. The range of motion of the hips was within normal limits. The injured worker had positive patellar tenderness on the right. The injured worker had positive tenderness in the medial and lateral joint lines bilaterally. Weightbearing views of the bilateral knees were obtained, and there was no significant joint narrowing noted. Diagnoses included hypermobile patella with secondary chondromalacia patella, both knees; status post bilateral knee arthroscopies in 2011; and bilateral symptomatic pes plano valgus feet. The treatment plan included continuation of physical therapy; stabilization braces; viscosupplementation; opiates including Norco 10/325; and additionally, an evaluation by a foot specialist. The request was made for an ice unit for the injured worker so she could use as needed in times of inflammation for her knees. Additionally, the request was made for a TENS unit and ibuprofen 600 mg. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an Ice unit for bilateral Knees: 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), Treatment Index, 12th Edition (web), 2014, Knee & Leg Chapter, Hyaluronic Acid Injections and 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 & Leg Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines indicate continuous flow cryotherapy is recommended postsurgically for up to 7 days. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating the injured worker could not utilize ice packs versus the purchase of a unit. Additionally, the physician indicated the request was for the injured worker to use as needed, not post-operative. Given the above and the lack of documentation of exceptional factors, the request for purchase of an ice unit for bilateral knees is not medically necessary.