

Case Number:	CM15-0008065		
Date Assigned:	01/23/2015	Date of Injury:	04/07/2014
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/14/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 39 year old male, who sustained an industrial injury on 4/7/2014. He has reported right knee pain and swelling. The diagnoses have included pain in lower joint, sprain/strain cruciate ligament, meniscal tear, and chondromalacia of the patella. Magnetic Resonance Imaging (MRI) of the right knee 5/23/14, significant for cruciate ligament tear, and x-ray of the right knee with no acute bony pathology. Treatment to date has included sleeve for right knee, physical therapy, status post right knee arthroscopy, partial meniscectomy, debridement and anterior cruciate allograft reconstruction December 5, 2014. Currently December 17, 2014, the IW complains of right knee pain with improvement. Continued use of CPM machine, documented at 100 degrees, using long leg postoperative brace, Ted stocking, and crutches. Physical examination documented negative anterior drawer, right knee with wounds healing and without evidence of infections. Plan of care included physical therapy three time weekly, continued home CPM machine, crutches, and long leg Ted stocking. On 12/18/2014 Utilization Review non-certified a request for Durable medical equipment, right knee, QTY #2. The ODG Guidelines were cited. On 1/14/2015, the injured worker submitted an application for IMR for review of Durable medical equipment, right knee, QTY #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Cold Unit times two week rental: 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) Integrated Treatment Guidelines (Treatment in Workers Comp)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 98.

Decision rationale: The MTUS Guidelines support the use of cold therapy only during the earliest phase of treatment and not for longer than two weeks. The goal is temporary pain relief in order to allow for progressive exercise and activity. The submitted and reviewed records indicated the worker was experiencing right knee pain. The worker had surgery for this knee on 12/05/2014. These records did not indicate the worker was using this treatment after surgery. There was no discussion describing special circumstances that supported the use of this treatment outside of the time period recommended by the Guidelines. In the absence of such evidence, the current request for a two-week rental of a motorized cold unit is not medically necessary.