

Case Number:	CM15-0008385		
Date Assigned:	01/26/2015	Date of Injury:	05/05/2012
Decision Date:	03/26/2015	UR Denial Date:	12/22/2014
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: California, Arizona

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 56-year-old female who reported an injury on 05/05/2012. The mechanism of injury was not stated. The current diagnoses include degenerative joint disease, patellofemoral syndrome, and effusion of a joint in the lower leg. The injured worker presented on 10/27/2014 with complaints of instability of the knee. The injured worker was status post cortisone injection. The current medication regimen includes diclofenac 100 mg, hydrocodone 5/500 mg, and tramadol ER 150 mg. Upon examination, there was positive patellofemoral compression sign, negative McMurray's sign, palpable tenderness, negative varus and valgus stress testing, and moderate right knee swelling. Recommendations included a total knee arthroplasty. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Focused cold therapy with lovera cryo of infrapatellar saphenous and anterior right knee (outpatient based): 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)

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

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy following surgery for up to 7 days, including home use. In this case, there was no indication that this injured worker had undergone a surgical procedure. There is no specific quantity or treatment duration listed in the request. Guidelines recommend a continuous flow cryotherapy unit rental for only 7 days. Given the above, the request is not medically appropriate.