

Case Number:	CM15-0103425		
Date Assigned:	06/05/2015	Date of Injury:	11/06/2012
Decision Date:	07/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/29/2015

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, Pain Management

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 male, with a reported date of injury of 11/06/2012. The diagnoses include left knee intra-articular injury, rule out ACL injury; left knee pain; status post left knee arthroscopy; left knee complete ACL tear from continuous trauma, repetitive squatting, and kneeling. Treatments to date have included an MRI Arthrogram of the left knee on 03/20/2015 which showed a complete ACL (anterior cruciate ligament) tear, degenerative changes and thickening of the patellar tendon, and ossification; and left knee joint injection on 03/20/2015. The progress report dated 04/13/2015 dated that the injured worker continued to have swelling, instability, and buckling of his left knee. The injured worker felt that he could not trust his knee. The physical examination of the left knee showed 1+ instability to Lachman and anterior drawer, slight effusion, ambulation with a limp, and some crepitation. The treating physician recommended left knee arthroscopy, ACL reconstruction and chondroplasty. It was noted that the injured worker was a young, active gentleman and his job was very physical, and he would benefit from the procedure. The treating physician requested a cold therapy unit (indefinite use).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: cold therapy unit (indefinite use) qty: 1: 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 in Worker's Comp, 9th edition (web).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow cryotherapy.

Decision rationale: Regarding the request for cold therapy unit, California MTUS does not address the issue. ODG supports the use of continuous-flow cryotherapy for up to 7 days after knee surgery. Within the documentation available for review, the patient has a pending knee surgery and while up to 7 days of use would be appropriate, the request for indefinite use exceeds the recommendations of the guidelines and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested cold therapy unit is not medically necessary.