

Case Number:	CM15-0106516		
Date Assigned:	06/10/2015	Date of Injury:	03/14/2014
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 female patient who sustained an industrial injury on 03/14/2014. The accident was described as while going about her regular duties working as a housekeeper carrying linens she slipped, fell and resulted with an injured right knee. She reported the injury was evaluated treated with modified work duty, rest, medication, injection, physical therapy and underwent diagnostic testing. She states taking Codeine for pain. A primary treating office visit dated 10/10/2014 reported subjective complaint of right knee, and right hip pain. Objective findings showed tenderness to palpation at the medial joint. The plan of care involved the patient receiving an injection; remain off from work duty and return to follow up on 10/24/2014. An initial orthopedic evaluation dated 12/18/2014 reported objective assessment showing the patient walking with a +2-+3 limping gait that causes her right knee pain. While standing she is only able to forward flex to 8cm, lateral flexes 30 degrees and while sitting she is able to fully extend left knee; right from 90-10degrees; however, when in supine position she fully extends the right knee. A straight leg raising causes pain in the right knee and is limited to 80 degrees. The Faber and Reverse Faber tests are positive for right hip pain and right knee pain. She is diagnosed with musculoligamentous strain of the lumbosacral spine with right radiculopathy, and a minor fracture of the right knee. The doctor is recommending a repeat magnetic resonance imaging scan ruling out hip fracture. A visit back on 02/26/2013 showed the patient diagnosed with lumbar strain/sprain with radiculopathy. She is to remain off from work until the following visit and noted the injection to the right knee do NO help! A follow up dated 01/29/2015 reported objective assessment showed tenderness and loss of motion. The diagnosis

internal derangement right knee was added to the treating diagnoses. The plan of care involved physical therapy recommendation along with undergoing a magnetic resonance imaging study. By 03/19/2015 the patient had subjective complaint of having severe back pain, stabbing low back area and right knee pain that radiates to legs, thighs. She is currently attending physical therapy. The plan of care noted the patient starting Tramadol, Lidoderm and pending authorization for epidural injection and orthopedic consultation regarding knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar Care 2 Week Rental, Post-Operative for the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of knee cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for up to 7 days. In this case the length of time requested postoperatively for the cryotherapy unit exceeds the guideline recommendation. Therefore, the request is not medically necessary.