

Case Number:	CM15-0131986		
Date Assigned:	07/20/2015	Date of Injury:	06/08/2011
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

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 30 year old male, who sustained an industrial injury on June 8, 2011. He reported a three foot fall to the floor with his left hand outreaching and his right leg and knee up towards the sky. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having sprain/strain knee and leg and degenerative joint disease/osteoarthritis. Treatment to date has included diagnostic studies, physical therapy, surgery and medications. On May 7, 2015, the injured worker complained of constant right knee pain which was noted to be improving with laser, medications and topical cream. He rated the pain as a 2 to a 3-4 on a 0-10 pain scale. He also reported weakness and swelling of the knee. The treatment plan included laser treatment on an as needed basis, re-evaluation, right total knee replacement, consideration of intra-articular steroid injection and medication. On June 5, 2015, the injured worker underwent right total knee replacement without complication. On June 23, 2015 Utilization Review non-certified the request for cooling system four week rental for the post op right knee, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooling system 4 week rental for the post op 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 Treatment in Workers Comp, 20th Edition, 2015 Updates: Knee chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, page 292.

Decision rationale: The patient is s/p right TKA on 6/5/15 without complications. MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post knee surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. Submitted reports have not demonstrated medical necessity outside guidelines criteria. The Cooling system 4 week rental for the post op right knee is not medically necessary and appropriate.