

Case Number:	CM15-0135207		
Date Assigned:	07/23/2015	Date of Injury:	06/27/2014
Decision Date:	08/24/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/13/2015

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: Illinois, California, Texas
 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:

This injured worker is a 64-year-old male who sustained an industrial injury on 6/27/14. He reported a twisting injury of the right knee. He underwent right knee arthroscopy meniscectomy in November 2014. The 6/1/15 right knee MRI documented a horizontal, oblique tear of the anterior horn of the lateral meniscus violating the superior meniscal surface, and a large full thickness chondral defect in the patellofemoral compartment. There was also scarring of the anterior cruciate ligament with sagging of the mid fibers due to partial tearing. The 6/23/15 treating physician report cited activity dependent right knee pain and a feeling of giving way. Physical exam documented full range of motion, mild muscle atrophy, lateral joint line tenderness, and positive Mc Murray's test. Lachman and pivot shift tests were positive. The treatment plan included right knee arthroscopy, lateral meniscectomy, chondroplasty, and ACL debridement and associated surgical requests including cold therapy unit purchase. The 7/9/15 utilization review certified the request for right knee arthroscopy with lateral meniscectomy, chondroplasty, and ACL debridement. The request for a cold therapy unit purchase was modified to 7-day rental.

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 (purchase): 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), Knee 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 and Leg: Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 1/16/14 utilization review decision recommended partial certification of a cryotherapy unit for 7-day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request is not medically necessary.