

Case Number:	CM15-0135597		
Date Assigned:	07/23/2015	Date of Injury:	07/10/2014
Decision Date:	08/25/2015	UR Denial Date:	06/19/2015
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: Montana, Oregon, Idaho

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 44-year-old female, who sustained an industrial injury on 7/10/14. Initial complaints were not reviewed. The injured worker was diagnosed as having; lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI right knee (11/26/14). Currently, the PR-2 notes dated 6/4/15 indicated the injured worker was seen as a re-examination of the right knee. She reports her pain as moderate rating severity as 6/10. The pain is worse with bending or ascending stairs. The provider documents she is not taking pain medications. The injured worker has been authorized for a diagnostic right knee arthroscopy but the original request was to include medial and lateral menisectomies, interval release/chondroplasty and synovectomy. This was authorized at Utilization Review per letter dated 6/19/15. On physical examination, there was trace swelling with effusion and medial and lateral joint line tenderness. Range of motion is full with crepitus with range of motion. Apley's, McMurray's and Squat tests were positive. The MRI of the right knee dated 11/26/14 impression reveals a tear through the body of the lateral meniscus which extends to the superior articular surface. There is a partial tear of the lateral collateral ligament. She has an antalgic gait. The provider is requesting authorization of Cold Therapy unit for 21-day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Cold therapy unit; 21 day rental: 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 and Leg 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 and leg.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request exceeds the maximum number of recommended days. Therefore, the request for a cold therapy unit is not medically necessary.