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| Case Number: | CM15-0161364 | | |
| Date Assigned: | 08/28/2015 | Date of Injury: | 11/15/2013 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 07/20/2015 |
| Priority: | Standard | Application Received: | 08/18/2015 |

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 47-year-old male who sustained an industrial injury on 11/15/13, relative to a motor vehicle accident. He underwent left knee arthroscopy with partial medial meniscectomy on 5/20/14. Conservative treatment included physical therapy, bracing, medications, corticosteroid injection, viscosupplementation, and activity modification. The 7/7/15 knee x-rays documented severe joint space narrowing, marginal bone spur, subchondral cyst formation, and osteophyte formation. The 7/7/15 treating physician report indicated that the left knee was worsening. Physical exam documented antalgic gait, varus alignment, and pain over the medial and lateral joint lines and patella. Active range of motion was limited to 5 to 105 degrees with crepitus. There was pain with hyperextension. There was no sign of instability. There was positive patellofemoral grind. The injured worker had failed conservative treatment. Authorization was requested for left total knee arthroplasty, 3 day inpatient stay, pre-operative medical clearance, pre-operative EKG and labs, post-op physical therapy, front wheeled walker, post-op medications, and cold therapy unit purchase. The 7/20/15 utilization review certified the request for left total knee arthroplasty, interphalangeal stay, pre-operative clearance and testing, post-op physical therapy, post-op medications, and front wheeled walker. The request for a cold therapy unit purchase was non-certified as use of a cryotherapy unit was limited to 7 days per the guidelines.

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, 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), 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 are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery for up to 7 days. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for purchase for an unknown length of use, which is not consistent with guidelines. Therefore, this request is not medically necessary.