

Case Number:	CM15-0168029		
Date Assigned:	09/08/2015	Date of Injury:	05/01/2012
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/26/2015

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, Oregon, Washington
 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 61 year old female who reported an industrial injury on 5-1-2012. Her diagnoses, and or impressions, were noted to include: right knee internal derangement with myxoid degeneration of medial compartment; right knee recurrent medial meniscus tear, status-post arthroscopy with chondroplasty of joint, medial femoral condyle, meniscectomy and tri-compartmental synovectomy; and right knee progressive bi-compartmental osteoarthritis, status-post a series of 3 Hyalgan injections. No current imaging studies were noted. Her treatments were noted to include: diagnostic x-rays of the right knee; right knee Hyalgan injection on 5-28-2015 - ineffective; medication management; and rest from work. The orthopedic progress notes of 8-6-2015 reported a return visit for continued, moderate pain in her right knee resulting in difficulty with standing and ambulation; increased pain at night; having to stop in the middle of the Hyalgan series of injections; continued worsening pain; and that she was taking Norco and Etodilac. Objective findings were noted to include pain along the right knee medial compartment and patella-femoral joint with range-of-motion; and minimal positive right knee McMurray's test at the end of terminal flexion. The physician's requests for treatments were noted to include the post-operative purchase of a cold-water circulating pump with pad. The Utilization Review of 8-19-2015 modified the request to a 7-day rental of a cold-water circulating pump with pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a cold therapy unit: 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).

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 Chapter regarding continuous flow cryotherapy.

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 has an unspecified amount of days. Therefore the determination is not medically necessary.