

Case Number:	CM15-0168244		
Date Assigned:	09/14/2015	Date of Injury:	11/03/2014
Decision Date:	10/20/2015	UR Denial Date:	07/22/2015
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:

The injured worker is a 25 year old female who sustained an industrial injury on 11-3-14. Surgical report dated 7-15-15 reports preoperative diagnosis left knee internal derangement. Procedure includes: left knee diagnostic arthroscopy, left knee arthroscopic synovectomy, left knee arthroscopic partial medial meniscectomy, left knee abrasion chondroplasty and injection of anesthetic agent into the joint. The injured worker has left knee internal derangement and has failed conservative treatment. Progress report dated 7-29-15 reports status post diagnostic arthroscopy revealed meniscal tear. Plan of care includes: request for a left knee ACL reconstruction and prescribe Ultram postoperative for pain control. Work status: total temporarily disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative cooling system, four-week rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 non-surgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, the request exceeds this recommended amount of days. Therefore, the request is not medically necessary.