

Case Number:	CM15-0169404		
Date Assigned:	09/10/2015	Date of Injury:	02/20/2014
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 64 year old male, who sustained an industrial injury on 2-20-2014. Pertinent diagnoses include left knee pain with degenerative arthritis and medial meniscal tear, synovitis and loose body. Treatment to date has included conservative measures including diagnostics, medications, physical therapy, home exercise and bracing. Per the Primary Treating Physician's Progress Report dated 2-17-2015, the injured worker reported feeling worse since the last visit. He has been approved for surgery of the left knee. He is requesting refills of ibuprofen and Gabapentin. Objective findings included tenderness about the medial joint line on the left. There as pain with McMurray's and mild swelling was noted. He walked with a mild limp on the left leg. Medical records were reviewed from 2-20-2014 to 6-16-2015. Work status was regular duty prior to surgery. The plan of care included surgical intervention for the left knee including a left knee arthroscopy. Authorization was requested for crutches and a cold therapy unit with pads and straps for the left knee with setup and delivery. On 8-07-2015, Utilization Review non-certified the request for a cold therapy unit with pads and straps for the left knee with setup and delivery citing lack of medical necessity per the guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit, purchase, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 12th Edition. 2013.

Decision rationale: The patient is a 65 year old male with an injury on 02/20/2014. He had degenerative arthritis and left knee pain. He has been treated with physical therapy, medication, a home exercise program and a brace. His requested care plan includes arthroscopic surgery of the left knee. The use of a cold therapy unit for degenerative disease of the knee or a knee injury is not noted in ACOEM guidelines; that is, it is not a recommended ACOEM treatment. There is no documentation that the use of a cold therapy unit improves the long term health outcome of patients with degenerative arthritis of the knee. There is no documentation that the use of a cold therapy unit improves the long term surgical outcome of knee surgery or it would be used routinely in all knee surgery which is not the case. The cold therapy unit is not medically necessary.

Pad and straps for 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, Knee and Leg, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 12 Edition. 2013.

Decision rationale: The patient is a 65 year old male with an injury on 02/20/2014. He had degenerative arthritis and left knee pain. He has been treated with physical therapy, medication, a home exercise program and a brace. His requested care plan includes arthroscopic surgery of the left knee. The use of a cold therapy unit for degenerative disease of the knee or a knee injury is not noted in ACOEM guidelines; that is, it is not a recommended ACOEM treatment. There is no documentation that the use of a cold therapy unit improves the long term health outcome of patients with degenerative arthritis of the knee. There is no documentation that the use of a cold therapy unit improves the long term surgical outcome of knee surgery or it would be used routinely in all knee surgery which is not the case. The cold therapy unit is not medically necessary. Since the cold therapy unit is not medically necessary, the pad and straps for the unit are not medically necessary.

DME delivery and set up fee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 12th Edition. 2013.

Decision rationale: The patient is a 65 year old male with an injury on 02/20/2014. He had degenerative arthritis and left knee pain. He has been treated with physical therapy, medication, a home exercise program and a brace. His requested care plan includes arthroscopic surgery of the left knee. The use of a cold therapy unit for degenerative disease of the knee or a knee injury is not noted in ACOEM guidelines; that is, it is not a recommended ACOEM treatment. There is no documentation that the use of a cold therapy unit improves the long term health outcome of patients with degenerative arthritis of the knee. There is no documentation that the use of a cold therapy unit improves the long term surgical outcome of knee surgery or it would be used routinely in all knee surgery which is not the case. The cold therapy unit is not medically necessary. Since the cold therapy unit is not medically necessary, the DME delivery and set up is not medically necessary either.