

Case Number:	CM15-0191937		
Date Assigned:	10/06/2015	Date of Injury:	07/20/2012
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 7-20-12. Current diagnoses or physician impression includes degenerative joint disease OCD (osteochondritis dissecans) medical meniscus right knee, medial degenerative joint disease right leg and right knee sprain-strain. His work status is modified duty. Notes dated 6-29-15 - 8-30-15 reveals the injured worker presented with complaints of right knee pain with increased leg pain and is rated at 7-8 out of 10. Physical examinations dated 7-29-15 - 8-30-15 revealed the right hip with "very little" range of motion and "exquisitely tender at the lateral aspect". The right knee range of motion is limited and there is infrapatellar tenderness in the "AC" joint. Treatment to date has included right knee surgery, TENS unit (no longer effective, per note dated 8-30-15), acupuncture and ultrasound was not helpful, per note dated 8-30-15 and medications, which are helpful to control pain and increase his ability to engage in activities of daily living by 40%, per note dated 7-29-15. An MRI revealed knee meniscus tear and osteochondritis dissecans of the medial femoral condyle, per physician note dated 8-3-15. A request for authorization dated 9-3-15 for cold therapy compression device with DVT rental for 30 days is modified to 7 days, per Utilization Review letter dated 9-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy compression device with DVT rental for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post-surgical use however, the time limit for request is in excess of recommendations. Per the ODG, cold therapy is only recommended for 7 days post operatively. The request is in excess of this amount and therefore is not medically necessary.