

Case Number:	CM15-0192646		
Date Assigned:	10/06/2015	Date of Injury:	01/06/2015
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
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: California
 Certification(s)/Specialty: Emergency Medicine

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 1-6-15. He is working. The medical records indicate possible medial meniscus tear, right knee; anterior knee pain, chondromalacia patellae, right knee; aggravation of degenerative arthritis, right knee, synovitis; contusion, knee; effusion, knee. He currently (9-1-15) complains of constant, achy right sided right knee pain. His pain level at rest and with activities is 7 out of 10 and is unchanged from previous visit. On physical exam of the right knee, there was trace effusion, tenderness to palpation over the patellofemoral joint and medial joint line, there is pain and crepitus with range of motion, McMurray's is positive, there is no instability, he is neurovascularly intact. His activities of daily living are limited due to inability to navigate stairs, squat, kneel, bend, rise from a chair. He has sleep difficulties. Treatments to date included medications: Naprosyn with transient benefit, Tylenol ES; physical therapy; hot, cold packs. In the 9-1-15 progress note the treating provider's plan of care includes a cold compression unit for 7 day rental to reduce pain, swelling and incidents of developing deep vein thrombosis post-operatively. The request for authorization was not present. On 9-18-15 Utilization Review non-certified the request for cord compression unit, rental times 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold compression unit, rental X 7 days: 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), Knee & Leg (Acute & Chronic), Cold compression treatment, Continuous-flow 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, Shoulder, Continuous Flow Cryotherapy.

Decision rationale: The requested Cold compression unit, rental X 7 days, is not medically necessary. CA MTUS is silent on this issue and Official Disability Guidelines, Knee, Shoulder, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold therapy. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker has constant, achy right sided right knee pain. His pain level at rest and with activities is 7 out of 10 and is unchanged from previous visit. On physical exam of the right knee there was trace effusion, tenderness to palpation over the patellofemoral joint and medial joint line, there is pain and crepitus with range of motion, McMurray's is positive, there is no instability, he is neurovascularly intact. His activities of daily living are limited due to inability to navigate stairs, squat, kneel, bend, rise from a chair. He has sleep difficulties. Treatments to date included medications: Naprosyn with transient benefit, Tylenol ES; physical therapy; hot, cold packs. In the 9-1-15 progress note, the treating provider's plan of care includes a cold compression unit for 7 day rental to reduce pain, swelling and incidents of developing deep vein thrombosis post-operatively. The treating physician has not documented the medical necessity for a compression unit in addition to the guideline recommended post-op cold therapy unit. The criteria noted above not having been met, Cold compression unit, rental X 7 days is not medically necessary.