

Case Number:	CM15-0025124		
Date Assigned:	02/17/2015	Date of Injury:	10/26/2012
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/10/2015

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: Illinois, California, Texas
 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 59-year-old male with an industrial injury dated 10/26/2012. The 12/15/14 right knee MRI showed a complex tear within the posterior horn of the right medial meniscus, and probable full thickness tearing of the anterior cruciate ligament. The 12/30/14 treating physician report cited persistent burning grade 6/10 right knee pain with locking, popping and giving way, and grade 7/10 back pain. The objective examination revealed an antalgic gait, positive patellar grind maneuver, restricted range of motion, hamstring tenderness, medial and lateral joint line tenderness, and positive McMurray's and drawer tests. The patient had failed conservative treatment. The treatment plan included a right knee revision arthroscopy. The treating physician is requesting motorized cold therapy unit for 7 days. On 1/22/15, utilization review approved a request for right knee revision arthroscopy, pre-operative clearance re-evaluation within 6 weeks, and 8 visits of post-op physical therapy. On 1/22/15, utilization review non-certified a request for motorized cold therapy unit for 7 days, noting that there is no evidence that a self-applied ice pack is not as effective as the cold therapy unit for the control of edema. The ODG Guidelines were cited. On 02/10/2015, the injured worker submitted an application for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Associated services) Motorized cold therapy unit for 7 days: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg: Continuous flow cryotherapy

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee arthroscopy. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. This request is consistent with guidelines. Therefore, this request is medically necessary.