

Case Number:	CM15-0215158		
Date Assigned:	11/05/2015	Date of Injury:	12/02/2012
Decision Date:	12/18/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/02/2015

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:

This injured worker is a 55-year-old female who sustained an industrial injury on 12/2/12. Injury occurred when she slipped on a piece of meat and fell. She underwent a left knee arthroscopic meniscectomy and debridement on 3/11/13. Post-operative treatment included physical therapy, anti-inflammatory medications, Synvisc injections, and activity modification. The 7/10/15 treating physician report cited persistent left knee pain, swelling and catching. Pain was mostly over the medial joint line and retropatellar area. Pain was worse with squatting, bending and twisting, and occasionally occurred at night. Physical exam documented quadriceps atrophy, range of motion 0-125 degrees, positive medial and lateral patellar facet tenderness, mild patellofemoral crepitation, and positive patellar grind. There was positive medial joint line tenderness and positive medial McMurray's test. She was scheduled for a left knee meniscectomy on 10/12/15. Authorization was requested for rental of a cooling system for 4 weeks, with unit pad and wrap purchase, set up and delivery. The 10/15/15 utilization review modification the request for 4-week rental of a cooling system with unit pad and wrap purchase, set-up and delivery to a 7-day rental of a cooling system with unit pad and wrap purchase, set-up and delivery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of cooling system for 4 weeks, unit pad and wrap purchase, set-up and delivery:
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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 surgery. Under consideration is a request for 4-week rental of a cold therapy unit. The 10/15/15 utilization review recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request is not medically necessary.