MAXIMUS Federal Services

Case Number:	CM15-0217637		
Date Assigned:	11/09/2015	Date of Injury:	11/27/2000
Decision Date:	12/21/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/05/2015

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 65-year-old male who sustained an industrial injury on 11/27/00. The mechanism of injury was not documented. He underwent anterior cruciate ligament reconstruction in 2000. The 8/19/15 treating physician report cited left knee symptoms, including discomfort with every step and night pain. He limped regularly and was unable to walk or hike due to pain. Left knee exam documented antalgic gait, range of motion 0-120 degrees, medial joint line tenderness, and tibial femoral crepitation. Lachman exam was loose with a soft endpoint and mild varus laxity was noted. Conservative treatment had included injections, activity modification, and medications. X-rays were obtained and showed marked medial compartment degenerative change with bone-on-bone medial joint space loss and progression when compared to prior films in March 2014. He had greater lateral tibial subluxation and advanced lateral and patellofemoral arthritic changes as well. Authorization was requested for a left total knee replacement and associated surgical services including purchase of a cold therapy unit. Records documented that the left total knee replacement was certified. The 10/21/15 utilization review modified the request for a cold therapy unit purchase for the left knee to 7-day rental of a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Cold therapy unit for the left knee, 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 (ODG), Treatment Index, 11th Edition (web), 2015, Knee and Leg, Continuous-flow cryotherapy (updated 07/10/2015).

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. The 10/21/15 utilization review decision recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request for a continuous hot/cold therapy unit is not medically necessary.